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## ORIGINAL LECTURES.

### ON THE TREATMENT OF HYSTERIA.<sup>1</sup>

A Clinical Lecture,

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GENTLEMEN: In taking up as my subject to-day the treatment of hysteria, I do not conceal the difficulties of my task. Hysteria embraces a great number of affections of the nervous system, from the so-called "vapors" of hypochondriacal females, to that hystero-epilepsy so recently described by Charcot as the great hysteria. If the domain of this neurosis is immense, its limits are far from being precise, and he would be a bold man who would in all cases venture by a hard and fast line to separate nervousness, hypochondriasis, epilepsy, and even lunacy, from hysteria. So, as Lasègue has very judiciously said, we are not able to-day, and perhaps never shall be able, to give an exact definition of hysteria; we can only affirm that, by its strange manifestations, hysteria has erased the word impossible from pathology.

But before entering into the details of the question, I owe you a declaration of principle; it is that, from the point of view of treatment, hysteria, by its very nature, defies all positive and scientific therapeutic rules. This results from two causes: first, the preponderant part which the imagination plays in this disharmony and disordered equilibrium of the functions of the nervous system, and which determines, as a consequence, that oftentimes where the physician, well-informed, conscientious, patient, devoted, fails, the most brazen charlatan will easily succeed. Hysteria is in fact the harvest-field of quacks, the domain of miracles and surprises. A second factor of importance, as having a bearing on the therapeutics of hysteria, is the disposition of the hysterical female to deceive her attendants, a disposition which Dally has characterized by the name *delirè malicieux* (malicious delirium).

This mental condition of hysterical patients, to which Huchard attaches so great an importance, will prompt intelligent females to endure extreme tortures in order to maintain a morbid state which their will alone has engendered. It results from this singular perversity, that every exhibition of drugs and every therapeutic application which has for its end the treatment of hysteria, may be attended with disappointment; and that one can never affirm that a medicament which has given good results in one case of hysteria will give the same results in another case. In a word, in this neurosis every thing may fail, and every thing may succeed.

With these reservations (which it belonged to me to make), I come to the treatment of hysteria, which comprehends three parts—the general treatment, treatment of the attacks, and, finally, the treatment of certain hysterical symptoms.

The general treatment of hysteria is subdivided into hygienic and medical treatment. We will commence with the hygienic treatment. Here the first place be-

longs to education, as being of prime prophylactic importance. We can, in fact, in the majority of cases, prevent the development of this neurosis, for it is hereditary, and a hysterical mother has a great chance of seeing her children neuropathic or hysterical.

I believe that the education of children, when they have attained the age of eight or ten years, ought not to be left to the mother. I would remove the young child, and particularly the young girl, from a tutelage too indulgent, too tender, and too ill-regulated; the child should never be allowed to witness any hysterical manifestations on the part of her parent, for imitation plays a considerable rôle in hysteria.

It is a good plan to place the girl in a boarding-school, situated, if possible, far from the city. I say boarding-school, for isolation is a bad thing in hysteria, and education with other boys and girls, notwithstanding some serious inconveniences, has real advantages in the case of neuropathic children. Young girls with predisposition to hysteria should not be permitted to read exciting novels, fairy tales, etc., which heat the imagination. Even the culture of piano music, and especially organ-playing, has disadvantages which make it desirable, when possible, to interdict these accomplishments. I have seen hysterical patients who have found in the practice of the organ an aggravation of their nervous symptoms, and this as well from the excitement to the nervous centres occasioned by working the pedals with their lower extremities, as by the effect of the music in stimulating their emotional natures.

On the other hand, neuropathic girls should be allowed physical exercises in the open air, horseback riding, gymnastics, even swimming, etc. In fact, their discipline should be fortifying, virile, and severe. I say severe, but it will not do to go to the other extreme, and, while interdicting romances and dancing, develop unduly the religious emotions, for it is quite possible to cultivate in them a state of religious mysticism and ecstasy, which is nothing less than the very disease against whose protean manifestations we are contending.<sup>1</sup>

It is generally at the epoch of puberty in young girls, and at the time of the appearance of the menses, that the first manifestations of hysteria occur. Although the old doctrine that would place in the uterus itself the exclusive point of departure of hysteria, and which has given it its name, is to-day abandoned—since we do now and then observe hysterical men, and even in the female this neurosis may develop without any uterine trouble at all—it is none the less true that the uterus plays a preponderating part in this neurosis.<sup>2</sup>

[<sup>1</sup> Herbert Spencer, in his treatise on Education (Appleton ed., p. 212), has these golden words, which, if they summarize the highest duty of the educator, also convey a valuable lesson to the intelligent physician who would be to his constituency something more than an administrator of drugs. A "self-governing being" is not merely one who is governed by others—it is a being whose lower propensities are subordinated to the higher; in hysteria this subordination is lacking.

"Bear constantly in mind the truth that the aim of your discipline should be to produce a self-governing being; not a being to be governed by others."—TRANS.]

[<sup>2</sup> One of the worst cases of hystero-epilepsy that I have ever witnessed occurred in my practice this very year (February, 1883), and seemed clearly due to retroflexion of the womb. At any rate, after replacing the organ, and applying a suitable pessary, the convulsive seizures, which before had been very frequent, ceased, and

<sup>1</sup> Translated from advance sheets by E. P. Hurd, M.D., of Newburyport, Mass.

Michelet, in one of his works, has given the following definition: "Woman is a womb, served by organs." This somewhat spiteful definition finds justification in the case of the hysterical female, to whom it is especially applicable, and it may be established as an immutable law, that in hysteria it is during the menstrual period that the nervous symptoms are most accentuated; this period, then, claims your most watchful attention, and your treatment ought always to follow these menstrual epochs. This question of the rôle of the uterus leads me to speak of another point of hygienic treatment in hysteria to which great importance has been attached. I refer to continence and to marriage, and I ask you patiently to follow me in what I have now to say touching this debatable question.

Plato compared the womb to an animal which has but one end to fulfil, that of conceiving, and which becomes furious when its functions are not accomplished. From this is derived the doctrine that continence is one cause of hysteria, and that sexual relations are essential to a cure. This doctrine is so much in vogue, here in France, that one needs only utter the word *hysteria* in a family to suggest the idea of excess of continence to those attending on the patient, and in some circumstances this would be taken as an insult. Hence, I advise you to be chary in the use of the word in your private practice, especially in the presence of the family; say that the patient is neuropathic, that she is affected with nervousness, but avoid the word *hysteria*.

This popular opinion is based—bear in mind—on the declarations of medical men, and till recently the majority of physicians who have written on hysteria, and their number is considerable, have maintained the influence of continence on the development of this neurosis. Briquet was the first to take a stand against this way of thinking, and the arguments which he has adduced have, in my judgment, a high cogency. He has shown that when you take under consideration groups of females who from the point of view of sexual relations lead quite opposite lives, nuns, on the one part, among whom continence is the rule, and prostitutes on the other, among whom continence is unknown; he has shown, I repeat, that hysteria is much more common with the second class than with the first. Moreover, do we not see in our hospital services that the greater part of our hysterical patients are women to whom continence is the rare exception, and who have a more than sufficient satisfaction of their sexual wants? I quite agree then with Briquet, and believe that if continence may have a certain influence on hysteria, an influence by no means scientifically demonstrated, genital excitations are quite as detrimental.<sup>1</sup>

Families will often ask you whether young hysterical girls ought to marry; it is best to be non-committal in this matter, and not affirm, as has often been done, that marriage may cure the hysteria. To counsel marriage in such a case is a responsibility which the physician ought not to assume, for it is not proved that marriage ameliorates the condition of a hysterical person, and in order to obtain a problematical benefit he may doom a husband to a life of chagrin and unhappiness.<sup>2</sup>

have not since returned. This patient, who was then living at one of our large boarding-houses, was seen by Drs. Snow and Montgomery, of this city, and they can testify with me to the violence and unmanageable nature of the paroxysms.—TRANS.]

<sup>1</sup> Briquet, *Traité de l'Hysterie*, Paris, 1859.

<sup>2</sup> Briquet has shown that marriage has but little modifying influence on hysteria. In 98 cases marriage was detrimental in 50, without influence in 31, and in 17 ameliorating. Bernutz's statistics show that hysteria is a little less common in the married than in the unmarried, but only in the proportion of 7 to 9. *Vide* Briquet, *Traité de l'Hysterie*, p. 461.

It would be a curious chapter which should relate the history of the part which husbands have had to play in this deplorable neurosis. The husband of a hysterical woman often finds himself in a sorry plight. However amiable and attractive, however persuasive and commanding, he can neither please nor control a woman of disordered brain, before whose capricious whims he is powerless; whose actions, however seemingly reprehensible, are performed almost without volition and without consciousness. In other cases the husband undoubtedly favors the development of hysteria in his wife by the incessant concern with which he treats her manifestations. By the attentions which he lavishes on her, by the anxious exaggerated affection which he displays, he fosters and encourages the ataxic phenomena. The man is fortunate who, constantly and sympathetically watching the hysterical explosions of his wife, does not, by imitation, become hysterical himself. The spectacle has more than once been witnessed of a neuropathic couple (generally without children) bewailing and intensifying their mutual ailments. Here separation is most salutary to both parties.

Fortunately, the marriage of a hysterical person is not always so gloomy in its results; where especially the husband, by his coolness and firmness, his good-sense and moral influence, gives to the wife a sage and dominant direction, which mitigates and moderates the nervous phenomena. While, then, it may be said that marriage is a good thing for hysterical women, when it brings with it happiness and tranquility, it is nevertheless true that oftentimes those most favored by fortune and surrounding conditions, whose life, calm and peaceful, ought to be without a cloud, suffer from groundless fears and imaginary ills, and are always unhappy beings, and all in consequence of an ill-balanced nervous organization.

There is no kind of life which is exempt from hysteria, and we find this neurosis among the poor and among the rich, those that labor and those that hire; we see continually examples in our private practice, and in our hospital service. The country also furnishes its contingent of hysterical patients. It has been maintained that country life preserves from hysteria. This is a mistake, and we observe instances the most curious and obstinate of this neurosis in our rural villages. Apart from heredity, disappointed hopes are a most prolific cause of hysteria, and whatever the station or occupation in life, depressing cares and disappointments will come.

As occasional or aggravating causes of hysteria, we may refer to two kinds of life diametrically opposite: on the one hand, a too fashionable life, with all its pleasures and all its fatigues; on the other hand, a too solitary life, with all the ennui which accompanies it. In the one case the hysteria is brought on by nervous excitement, in the other by a morbid brooding over neuropathic symptoms which are thereby perpetuated and aggravated. It is important, then, that you should find diversions for your hysterical patients, but such diversions should not exceed certain limits.

As for diet, it should be of a nourishing and unstimulating character. I advise you especially to forbid the use of tea and certain alcoholic liquors. I believe that the abuse of tea is an occasional cause of hysteria, especially where one is not accustomed to it, and I have seen nervous women improve with suppression of this beverage.

Among the wines, you ought especially to forbid heady and sparkling white wines, as champagne, and all the heavy alcohols, particularly absinthe. Lance-reaux has, in fact, shown that in alcoholic patients, and especially absinthe-takers, there exist sensory troubles akin to those of hysteria, and it is probable

that the greater part of men who are afflicted with hysteriform neuropathic disorders are men who have been addicted to alcoholic stimulants and to absinthe.

I come now to the medicinal treatment of hysteria. This treatment will comprise three parts: the pharmaceutical treatment, the treatment by balneotherapy, and the treatment by electricity and metallotherapy.

The pharmaceutical treatment formerly consisted in the administration of that class of medicaments described under the name of antispasmodics, such as (more especially) valerian, musk, castor, galbanum, and assafoetida. The greater part of these medicaments are to-day almost forgotten, and this for several reasons: first, because their antispasmodic effects are far from being demonstrated, and, in the next place, because they have been superseded by a more active medication, that of the bromides. I shall not, then, dwell on all the numerous formulæ of potions, syrups, pills, ptisans, suppositories, and lavements of supposed antihysterical virtues,<sup>1</sup> for which I refer you to your ancient formularies; but before passing to the bromide treatment, I desire to say a few words about valerian, which still enjoys a certain repute in the treatment of hysteria.

Valerian, the official portion of which is the root, is administered in infusion, in tincture (the ammoniated tincture is perhaps the best preparation), in the form of valerianates, and especially of valerianate of ammonia. For my part I have little faith in the therapeutic action of these valerianates, and finish what I have to say of this medicament by adding that the pills of Meglin, so much prescribed for nervous disorders, contain a notable quantity of extract of valerian.<sup>2</sup>

Who says hysteria, says bromide, and at the present day there is not a hysterical person but has taken bromide. The bromide of potassium is the most often employed, but you may also use the bromides of sodium and ammonium in combination with it, constituting solutions of the mixed bromides, of whose effects Charcot has spoken so highly. Here is the formula which I habitually use: R.—Bromide of potassium, bromide of sodium, bromide of ammonium, aa x; water ccl.—M. Signa.—A dessertspoonful to a tablespoonful night and morning.

I do not intend here to enter into details as to the physiological action of these bromides, of which I shall have more to say when I come to the treatment of epilepsy. What I wish now to impress upon you is that these medicaments are among the most powerful depressants of the cerebro-spinal axis, and that it is owing to them that we can control the exaggerated manifestations of the nervous system. If we add that the bromides allay genital excitation, you comprehend all the advantages which we may derive from this precious remedy in the treatment of hysteria; at the same time I am far from affirming that the bromide medication is to be applied indiscriminately to all cases of hysteria, and it is because abuse has been made of this medicament that we see to-day certain physicians maintain that it is rather detrimental than useful in the treatment of hysteria. This is by no means the case; only here, as for other medicaments, it is necessary to know the indications and contra-indications for this bromide treatment. Moreover, you must not fail to keep in mind that whatever may be the relationship

between hystero-epilepsy and epilepsy (and some pathologists affirm a very close relationship), there exists, from a therapeutical point of view, a great distinction between these two affections. In fact, while epilepsy is tributary to the bromide medication, this same treatment has never effected a cure of the attacks provoked by hystero-epilepsy.

When the hysteria is accompanied by insomnia, excitement, and, in particular, genital excitement and much agitation, moreover, when the patient is of robust frame, the bromide will give admirable results. On the contrary, when your patient is feeble and anæmic, manifesting her neurosis by gloom and tears, and the nerve-centres are depressed in their action (there being no genital excitation), the bromide can do nothing but harm. The great inconvenience of the bromide results from its depressant action on the nervous system, and patients submitted to this treatment experience such a physical and mental torpor that it is difficult for them to apply themselves to their ordinary tasks.

The acne eruption which often follows the continued use of bromide in large doses is a serious evil, especially to fashionable young ladies, who strongly object to see their faces disfigured with this rash, and sometimes refuse the remedy altogether. I know no means of preventing this bromide eruption, which results from the elimination of the bromide by the skin. I know that it has been claimed that the internal use of arsenic will prevent the eruption, but I have often given it for this purpose with no result whatever.

As for the dose, this varies according to individuals, but, as a guide, you ought always to have recourse to an examination of the reflex sensibility of the velum palati, and your doses should be large enough to obtain, in most cases, anaesthesia of the pharynx. By way of caution, I would advise not to give the bromide for a great length of time, and to occasionally suspend the treatment. For your guide, you have only to follow the evolution of the nervous manifestations. In most cases these manifestations are produced about the time of the catamenia; it is before, during, and after these periods that you ought to administer the bromide, and in such a manner that there may be in each month fifteen days of treatment and fifteen days of rest.

Besides the alkaline bromides, other bromides have been recommended, such as bromide of zinc and bromide of camphor. The latter has been much vaunted these late years, but its action is very uncertain, and it has no efficacy except in cases of genital excitement; as for bromide of zinc, this preparation, little employed in this country, has been highly spoken of by Hammond, of the United States, who advises it especially in epilepsy. Opium plays an important part in the treatment of hysteria, and like bromide, has its advantages and disadvantages. It was my master, Bernutz, who, after Gendrin, extolled especially the opiate medication. He administered laudanum in the dose of two drops twice a day, and gradually increased the dose till forty drops were taken in the twenty-four hours. This treatment is mainly applicable to the asthenic forms of hysteria: I believe it useless and dangerous in the sthenic forms, and you plainly see the indications for the opium treatment are directly opposite to those for the bromide treatment, for opium has an exciting action on the nervous system, while bromide is depressant. Unhappily, this treatment by opium has another disadvantage, in the large doses which one is compelled to attain in these cases, and many hysterical patients become morphomaniacs. In order to avoid these disadvantages, it has been proposed to substitute chloral, but here again you encounter serious inconveniences, for the continued use of chloral in doses gradually increased is very detrimental.

<sup>1</sup> Vide Dictionnaire de Therapeutiques, by Dujardin-Beaumetz, article Assafoetida.

<sup>2</sup> This is the formula of Meglin's pills, called compound pills of hyoscyamus and valerian:

R.—Alcoholic extract of hyoscyamus,  
Alcoholic extract of valerian,  
Oxide of zinc, aa 10 grm. or ʒijss.—M.  
S.—Divide in pil. No. cc.



This question of dose in neuropathic patients is of the greatest interest; hysterical subjects present, as Huchard has well said, a *veritable therapeutical ataxia*. Sometimes they are poisoned by extremely small doses of certain substances, and sometimes they experience no therapeutic effect from really enormous doses. It is well to bear this fact in mind when called to treat a hysterical person. Do not forget, moreover, that there exists from the point of view of medicinal treatment, a moral influence of a direct and positive kind, and that here you will have occasion to witness the triumph of pills of *mica panis*, of potions of the extract of dandelion; in a word, of all those preparations which act on the imagination alone. The history of medicine abounds in cases where, owing to the assurance with which they have been prescribed, these pills and these potions have had the most signal curative efficacy in neuropathic individuals.

By the side of the pharmaceutical treatment, and even above it, is placed balneotherapy, which comprehends three modes of application; baths, hydrotherapy, and mineral waters. Warm baths, and particularly prolonged baths, have a very happy influence in the treatment of nervous disorders, especially in the period of excitation, and Bernutz has greatly vaunted their effects. These baths ought to be of from one to two hours' duration, and the water all this time should be kept at the same temperature. The therapeutic virtues of these baths are augmented by adding infusions of aromatic plants, as melissa or valerian, of which medicated baths Beau speaks in high terms. The good effects derived from these medicated baths are explicable, not on the principle of cutaneous absorption—the skin with its epidermic covering does not absorb medicinal substances contained in baths—but entirely by the introduction through the respiratory passages of the odorous and volatile principles of the herbs employed. It has, as you are aware, been maintained that in order to obtain the therapeutic effects of valerian it must be administered, not by mouth but by inhalation.<sup>1</sup>

Hydrotherapy plays an important part in the treatment of hysteria; it constitutes, with the bromides, the grand basis of the therapeutics of this disease, but it is important that you should know how the cold water should be applied. It is advisable to employ douches with broken jets, and never to use cold douches at the beginning of the treatment, but always tempered douches. The effect on the nervous system of cold water is sometimes so violent in hysterical patients, as to determine such a state of suffocation that after enduring the first cold douche, they obstinately refuse to submit any longer to this treatment. It is well, then, to begin with tempered douches (about 25° to 30° Cent.), and to progressively lower the temperature of the water; it is only when the system is habituated to this mode of treatment that you will be able to give cold douches, or rather alternate douches [douches alternately cold and hot]. These last sometimes have too stimulant an effect and determine hyperexcitation; you must then return to tempered douches. In a word, in your hysterical patients, you ought always to begin with tempered douches, and then,

according to the periods of excitation or depression in which your patient is found, you should employ the stimulating action of the alternating douche, or the sedative effects of the tempered douche. You must avoid at first douching the heads of your patients; I have often seen the shower-bath on the head determine neuralgic pains of a severe nature, or quite persistent vertigines. The duration of the douche ought not to exceed thirty seconds.

You will derive from hydrotherapy thus utilized, very beneficial results; cold-water treatment restores not only the sensibility of the skin, as Thernes has shown, but it also promotes the equilibrium of the functions of the nervous system, and nutrition in general. But in order to obtain these results satisfactorily, it is often necessary to remove the patient from her family surroundings, and to place her in some hydrotherapeutic establishment, where the administration of cold water is made with great skill and prudence. And this is a point on which Charcot has justly insisted. Mineral waters have a feeble part in the treatment of hysteria, and generally, as it is the action of cold water that is sought, patients are sent to the hydrotherapeutic stations so numerous in the centre of Europe, and which especially abound in Switzerland and in Tyrol; stations of which Devonne and Aussée are types, and which, with the action of cold water, unite all the climatic conditions favorable to the treatment of affections of the nervous system. In France we have a thermal station which enjoys a certain repute in the treatment of nervousness, I refer to Neris; to these waters you may join those of Ussat, St. Sauveur, and Forges les Eaux.

But, while on this subject of mineral waters, I must caution you against the employment of sea-baths in hysteria. I see many of my confrères send their hysterical patients to the sea-side; it is a bad practice. For my part, I have always seen sea-air, and especially sea-baths, attended with such excitation that my patients were much the worse for it; so, in my opinion, the hysterical condition contra-indicates the employment of sea-baths.

Electricity is doubtless an element of secondary importance in the treatment of hysteria; nevertheless, it renders us good service. It may, as we shall presently see, arrest the attacks, or diminish their number; it may also modify general sensibility, like hydrotherapy. In these cases, it is especially to static electricity that you should have recourse, as it is this form of electricity, revived by Arthuis, and more recently by Charcot and Vigoureux, which gives the best results. It is here that you should make use of those general electric baths, those electric brushes, and those sparks which I described in my lecture on medical electricity, procedures which constitute what is called franklinization. But there is a kind of medication which has with electricity many points of contact. I refer to metallothérapie, on which I desire to dwell at some length. From the most remote antiquity, medical properties have been attributed to metallic plates, and plates of copper, lead, or gold, applied as veritable amulets to the skin, have had curative efficacy in certain nervous disorders, according to the statements of ignorant pretenders. About the end of the last century, an American physician by the name of Perkins grouped together all the facts from Galen downward, and propounded a medical doctrine which bore the name of *Perkinism*. But almost all of these facts were forgotten when Burq commenced his experiments, and it is to him that we owe the valuable discovery of metallo-therapeutics and the indications which flow from it. The first tentatives of this experimenter were made in 1850, and it was not till nearly thirty years later, after the reports made to the Society of Biology, in 1877 and 1878, by Dumontpallier, that this method

<sup>1</sup> Pomme has greatly extolled prolonged baths in hysteria; he regrets that the day is not more than twenty-four hours long, because, that now, he is not able to give them as long as he would like.

Beau and Bernutz advise warm baths of two, four, six, and eight hours' duration.

Bernutz has seen, under the influence of baths six hours long, cataleptic attacks that have lasted six or eight months disappear completely. (Pomme, *Traité des affections vaporeuses des deux sexes*, Paris, 1883. Bernutz, art. *Hystérie*, in *Nouveau Dict. de Med. et de Chir.*, 1873.)



entered definitely into the domain of current practice. Burq affirmed that metals applied to the skin restore sensibility, force, and animal heat, and that, according to circumstances little understood, the curative metal varies with individuals. Such a person is sensitive to gold, another to iron, another to copper, etc. etc., and from the results of these external applications of metals he drew conclusions as to the internal administration of metallic preparations, which had the same property of restoring sensation and bodily heat; in a word, metalloscopy led to metallotherapy.

The experiments made in this direction by the Committee of the Society of Biology, under the supervision of Charcot and Dumontpallier, brought to light a great number of new facts; they showed that troubles of sensibility, limited to one-half of the body, might, under the influence of these metals, be transferred to the half not affected, thus illustrating what has been described as the *law of transfer*.

It was also discovered that metals were not the only bodies capable of modifying sensibility, and the number of aesthesiogenous substances, as they are to-day called, increased sensibly. Charcot and Regnard, taking up again the first experiments of the end of the last century, noted the aesthesiogenous properties of magnets. Vulpian showed that electricity, applied to a very circumscribed part of the cutaneous surface, possessed the same properties. Then Grasset, with the vesicatory; Thermes, with cold water; Parona, with metallic salts; Seure, with dried collodion and cellulose; and Lannois and Huchard, with jaborandi, obtained the same results. I myself, in my hospital service, have shown, as Jourdanis had previously done, that wood, like metals, can restore sensibility, and that, just as there exist active and inactive metals, there exist also woods with variable action, so that, alongside of *metallotherapy*, we have *xylotherapy*.

The method invented by Burq, and called *Burquism*, gave rise to numerous experiments which were not limited to the school of Salpêtrière. In Germany, Westphal, Eulenburg, Mader, Ost; in Italy, Maragliano, Sepelli, Sciamanna, Parona; in England and America, Thompson, Hughes Bennett, Tuke, Donkin, Sigerson, Beard, Gradle, and Hammond, repeated the experiments of Burq, and to-day we have documents sufficiently complete, and sufficiently numerous to enable us to appreciate this method at its just value.<sup>1</sup>

First, how are these metallic applications made? In a very simple manner. All that you have to do, is to apply to the skin of your patient certain metallic plates as directed by Burq, or what is much more handy, pieces of money, and to watch the phenomena that occur after this application, which may have a variable duration and extent; thus, for example, you can make bracelets or girdles of these coins, to be worn for a time around the diseased part. We utilize in same way the disks of wood or of dried collodion; as for magnets, you should use large ones, of

considerable power, and a weight of at least twenty pounds.

Internal metallotherapy may be tried; *i. e.*, having once recognized the active metal, you may give some pharmaceutical compound containing a salt of the metal in question. On this principle, chloride of gold has been given in the dose of one to two centigrammes a day, nitrate of silver in the dose of one centigramme, the salts of zinc, and especially oxide of zinc, in the dose of twenty to thirty centigrammes, the salts of copper, the salts of iron, etc.

What are you to think of metallotherapy? Are there certain genuine facts at the basis of this medication, or is it a species of dupey? After the report of Dumontpallier to the Society of Biology, medical men here in France and abroad were divided into two parties, one party maintaining that metalloscopy had no serious basis, and that a certain effect wrought on the imagination of hysterical patients, "expectant attention," as it was called, explained all the phenomena observed; others, on the contrary, maintained the positive remedial power of the metallic applications, apart from any "moral" effect.

To-day, gentlemen, unless we except a few obstinate individuals whom nothing can convince, everybody seems to be agreed that there do exist aesthesiogenous substances which restore or transfer sensibility, or cause to disappear certain nervous troubles, not only in the case of neuropathic persons, but also in certain lesions of the nervous system. But while admitting the truth of the facts adduced by Burq, it must be borne in mind that from the exclusive point of view of therapeutics, this method has not realized all that has been expected of it. Yes, the application of metals to the cutaneous surface has sometimes caused sensory troubles to disappear; it has even cured certain contractures, but these are exceptional facts, and the results obtained are temporary. In short, metallotherapy merits a very humble and secondary place in the treatment of hysteria.

I have experimented much with metallotherapy in my hospital service. I have observed facts very curious, very strange, the physiological explanation of which seems to me, at present, impossible to give; but my hysterical patients have not derived from this method any definite or lasting benefit, and they generally go away in about the same condition as when they entered. I add that there is a certain number of anæsthetic hysterical patients on whom metallotherapy has no effect, especially when the loss of sensibility is general. At the same time I admit that there is between the convulsive manifestations of hysteria and disturbances of cutaneous sensibility a very intimate correlation, and when you cause the latter to disappear you often cure the former. We have, then, every interest, from a therapeutic standpoint, in restoring sensibility to the skin, and as metallotherapy is one of the means for attaining this end, in spite of the temporary and often uncertain results which are obtained, it is not best to abandon this mode of treatment, which is attended with no danger, and enables us, in certain cases, to obtain alleviation, if not permanent cure.

I have now finished the general treatment of hysteria, and come to the second part of my subject, the treatment of the attack. When a hysterical subject has an attack, you ought instantly to place her on a small bed or cot convenient for passing around; you should remove all tight clothing and every thing which can cause constriction, and then proceed to employ the various means in repute for putting an end to the paroxysm. Formerly they were in the habit of pouring or dashing cold water on the face of the patient. Cruveilhier, reviving an ancient practice, made the patient swallow large gulps of cold water, but lately we have found a

<sup>1</sup> The following references do not exhaust the literature of metallotherapy. Schiff, Arch. des sciences phys. et nat., Geneva, 1879, No. 3. Westphal, Berliner klin. Wochens., July 27, 1878, p. 81. Mader, Wiener med. Wochens., 1880, p. 681. Ost, Corresp. Bl. Schweiz Aerzte, 1880, p. 524. Sciamanna, Gaz. Med. di Roma, June 1, 1878, p. 227. Parona, Ann. univ. de Med. et Chir., Oct. 1879, t. xlix. p. 336. Bennett, Brain, Oct. 1878, p. 331. Eulenburg, Deutsche med. Woch., June, 1878, p. 151-327. Tuke, Metalloscopy and Expectant Attention (Journ. Ment. Sci., Jan. 1879, p. 508). Gradle, Metalloscopy and Metallotherapy, (Journ. of Nervous and Mental Diseases, Oct. 1878, vol. 3, p. 718). Petit, La Metallothérapie ses Origines son Histoire, Paris, 1881. Huchard, Traité des neuroses, p. 1128. Dujardin-Beaumets, Des propriétés esthésiogenes de certains bois, appliquées sur la peau (Bull. Gén. de Thé., t. 99, 1880, p. 97). Hammond, clin. lecture on Metallotherapy and Expectant Attention, in Philadelphia Med. and Surg. Rep., April 18, 1878.

quicker and surer method, that of compression of the ovary.

The ancients, who attributed to the uterus a preponderating rôle in the convulsive manifestations of hysteria, had already proposed various manœuvres, which consisted in compressing the womb, in putting in the vagina odorous substances for the purpose of acting directly on the womb, or in various measures for ridding the womb of purulent humors which it was supposed to contain (such even as titillation of the external genitals and neck of the womb, as recommended by Galen, Forestus, and Ambroise Paré). Areteus, Aetius, Sauvages, Astruc, and others dwell long on the advantages of various procedures; you know even that external compression is of vulgar usage, and you often see persons make pressure and even *sit* upon the belly of patients to arrest convulsive seizures. But this practice has been reduced to method since the labors of the Salpêtrière, which have shown us that one of the most frequent hysterogenous points is the ovarian region, and that it suffices to compress this region, either on the left or on the right side, to bring on an attack or to cause one to disappear.

This is the way to practise compression: the patient being placed on a hard, low bed, the physician, standing by her side, plunges the closed fist perpendicularly into the sensitive ovarian region. It is necessary at first to employ considerable force to overcome the contraction of the abdominal muscles, but once this obstacle is overcome, the hand penetrates the iliac fossa, and the spasms cease if the pressure be continued for a certain time.

Certain apparatuses have been constructed, called *compressors of the ovary*, models of which I now show you, and the most simple of which is that of Ferré, which consists in a hernia truss, terminated by a conical pad, which is applied over the sensitive ovary. This apparatus, they say, will prevent the recurrence of a convulsive attack; I avow that I have never made use of these compressors, and therefore know nothing about them. Surgeons have even gone further, they have proposed ablation of the ovaries, and we have seen Battey and Peaslee perform this spaying operation in cases of hysterio-epilepsy.<sup>1</sup>

Unhappily, not all hysterical females have ovarian troubles, and in such cases the method of compression is not applicable; you can then advantageously have recourse to electricity.

Vigouroux and Richer have shown that galvanic currents, one of the reophores being applied over the front, and the other over some other part of the body, diminish the duration of attacks of hysteria; moreover, if you suddenly reverse the direction of the currents, which is easily done with the commutators of Trouvé and Gaiffe, the attack ceases immediately. You must not exceed six to ten milliampères, for if you do, you will determine severe head-troubles.

In fine, inhalations have been proposed of odorous substances; the number of these is considerable, and the ingredients very strange, from deer's horns and goat's feet, to the odors of candle snuff, of the hairs of men and of animals, and the feathers of partridges and woodcocks; the ordinary perfumes, benzoin, musk, ambergris, etc., have all been advised. To-day we discard all these things, and recognize but a very few

medicinal substances, whose inhalation has a beneficial effect on hysteria; these are ether, chloroform, and especially nitrite of amyl. Ether and chloroform may render you some service. I have not, however, been very successful with these anæsthetics. The attacks are prolonged, and they are almost sure to reappear when the anæsthetic sleep has passed off. Nitrite of amyl, with which Bourneville has made so many experiments in hysteria, certainly diminishes the intensity and the frequency of the convulsive paroxysms. You must not, however, resort to it, except during the attacks, for at other times it may determine convulsive seizures. When giving the nitrite of amyl, you pour five to ten drops on a handkerchief, and cause the patient to inhale them.

I shall finish this lecture by giving you, with as much brevity as possible, some indications respecting the treatment of certain manifestations of hysteria. The contractures are the most rebellious of symptoms in hysteria, and nothing is more painful than to see young women afflicted with various contractures, which make life a torture. These contractures appear suddenly after an attack, and may disappear as suddenly after another attack. This is an occurrence which is witnessed in all the manifestations of hysteria, and you have seen a fine illustration of it recently in our wards. I refer to that young hysterical girl who entered the hospital for gastric troubles, and was suddenly taken with contractures, which disappeared after a convulsive attack, which we induced by chloroform, given to anæsthesia. This is then a means of cure which you can employ in hysteric manifestations of every kind.

Electricity, metallotherapy, and cold douches have sometimes caused these contractures to disappear; in other cases they have resisted every kind of treatment, and have persisted for months and even for years. But whatever may be their intensity, they disappear momentarily under the influence of anæsthesia, when carried to completeness, or of energetic compression of the contracted member.

By the side of these contractures we must place paralysis, which appears and disappears with extreme rapidity. This paralysis, which often affects the inferior members, presents this curious peculiarity that it is not always accompanied by trophic disturbances, and you will sometimes see hysterical paraplegics recover in an instant the integrity of their motor functions. It is here that electricity and hydrotherapy may give unlooked for curative results.

As for the troubles of sensibility, I will not repeat what I said while treating of the neuralgias, and I will only say a word or two about anæsthesia. This is, as you know, a disorder almost constant in hysterical women, but one which gives them so little trouble, that a patient whom you observe for the first time will hardly call your attention to this loss of sensibility. I have seen patients presenting the strangest disorders of sensibility. I was the first to observe what I have described as *autographic women*,<sup>1</sup> and always it was

<sup>1</sup> Dujardin-Beaumetz reported to the Société des Hôpitaux, at their meeting on the 11th of July, 1879, the first case of an autographic woman. In this patient it sufficed to trace on the skin characters or lines, to see developed at the end of a few minutes a salient gyrus, corresponding very exactly to the tracings, which remained for some time, and which, at first limited and strongly defined, spread more and more, to be effaced at the end of four or five hours. The characters so traced were sufficiently prominent so that a wet-proof could be taken of them, as was done for the museum of the Hôpital St. Louis.

Since the communication of Dujardin-Beaumetz the number of autographic women has considerably increased, and this same modification of the vaso-motors has been found, not only in hysterical persons, but also in men and women free from all nervous disease. This symptom then is an urticaria, limited to the point of the skin on which the markings are made. (Dujardin-

<sup>1</sup> To Battey is due the chief credit of this operation, now known as Battey's operation. There are on record three cases, at least, where ablation of the ovaries resulted in permanent cure of hysterio-epilepsy, recurring at the menstrual period; those of Battey, Peaslee, and Braun-Ferwald. Vide Battey, Atlanta Med. and Surg. Journal, September, 1872, and American Practitioner, October, 1875. Also, Peaslee, Transactions of the Amer. Gynecol. Soc., p. 340, 1876. Vide Hegar, Die Castration der Frauen, etc., 1878, pp. 136-138.

the attentive examination of the patient, and never her declarations, which enabled me to detect these disorders.

At the same time the troubles of sensibility are important from the point of view of treatment, because when they disappear it may be affirmed that the patient will have no more attacks of hysteria. There exists, as I stated before, an intimate relation between the troubles of cutaneous sensibility and the convulsive phenomena. Metallotherapy, static electricity, the application of magnets, in short, all aësthesiogenous substances, may restore this sensibility, but generally this restoration is momentary.

Troubles of the special senses have been noted, and especially of sight. Charcot has pointed out the alterations of vision in hysterical patients, and I have myself observed, with Dr. Abadie, a very curious case of sudden amaurosis in a hysterical female, and which was speedily cured by the metallic applications.<sup>1</sup>

Gastric hysteria is one of the most formidable phases of this neurosis, for it interrupts nutrition, and eventually brings about such disorders as even to cause death. By the term gastric hysteria is understood all the gastric and intestinal disturbances which are observed in hysterical patients, from anorexia to incoercible vomiting. These vomitings may occur under two circumstances; either they succeed to that strange anuria, described by Charcot,<sup>2</sup> or else they come on without any antecedents sufficient to account for them. In the first class of cases you ought to respect these vomitings, as they are uræmic; in the second you ought to endeavor to arrest them. To the therapeutic rules which I gave you when speaking of the treatment of vomiting, I now add artificial alimentation [gavage] and electricity. Forced feeding has given me excellent results in certain cases, when used at the onset of the attacks. Ballet has observed similar facts in the service of Charcot, and you will find in the excellent thesis of my pupil Deniau a certain number of observations of a like kind, cases occurring in my hospital service. At the same time, if you expect success from "gavage," you must begin the treatment at a period not far removed from the inception of the gastric troubles, for, as Débove has judiciously remarked, these vomitings, when they have lasted a long

time, produce such an enfeeblement of the organism that all medical intervention is well-nigh useless.

Apostoli has proposed to galvanize the pneumogastric during digestion, in order to prevent these vomitings. He requires the patient to take food; then immediately afterward he places the positive pole over the pneumogastric nerve on the right side, in the region of the neck, while the negative pole is held in the hand; then he passes a current of variable intensity, according as the nausea is more or less frequent. I have, by this means, employed in my service, seen digestion performed without rejection of the matters of the stomach. I shall not enlarge upon this therapeutic measure, which I fully treated of when lecturing on diseases of the stomach.

Such are the considerations which I wished to present respecting the treatment of hysteria. The therapeutic indications which I have furnished are far from being complete; at the same time I think them sufficient to enable you advantageously to combat the principal manifestations of this neurosis. But do not forget, gentlemen—and with these words I conclude—the complete cure of hysteria is very rare. You will hardly have triumphed over one of the many manifestations of this protean malady before others will make their appearance, and, notwithstanding all your knowledge, and all your energy, you will continually fail in the contest with these nervous troubles, ever renewed, and ever rooted in the depraved and insatiable imagination of the hysterical patient.

## ORIGINAL ARTICLES.

### ABSCESS OF TONSILS, PHARYNX, AND TONGUE,

WITH DISPLACEMENT OF PALATO-PHARYNGEUS MUSCLE, IMPEDING DEGLUTITION AND SPEECH, WITH NASAL REGURGITATION; OPERATION; RECOVERY.

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AUGUST 8, 1882, Miss P. F., of Colleton Co., S. C., aged twenty-one, six feet high, weight 136 pounds, consulted me for chronic disease of the throat, resulting from abscesses of tonsils, pharynx, and tongue, with displacement of the left palato-pharyngeus muscle, seriously impeding deglutition from nasal regurgitation, and impairing speech. She belonged to a family remarkable for their height and corresponding weight. Her father is six feet high, and weighs 280 pounds; her mother is rather taller than the average, and of medium size. She is the fourth of a family of ten children, four of whom are grown. The eldest son is six feet nine inches; the second son is six feet eight inches; the third (a daughter) is six feet three inches, and this one is six feet. At nineteen years of age, she weighed 197 pounds.

She gave the following history: In April, 1881, sixteen months ago, she had an attack of acute tonsillitis on the right side, consequent upon exposure to rain and cold in crossing a swamp, an accident having happened to the carriage in which she was travelling. The acute attack was followed by ulceration of the throat, which healed slowly, and from April to August she suffered intensely;

Beaumez, note sur les troubles vaso-moteurs de la peau observés sur une hystérique, femme autographe, Bull. et Mém. de la Soc. Méd. des Hôpitaux, t. xvi. 2e Serie, 1879, p. 197.)

<sup>1</sup> Vide Charcot, Troubles de la vision chez les hystériques, Progrès Médical, 1878, p. 37. Bonnefoy, Des troubles de la vision dans l'hystérie (Thèse de Paris, 1874). Baron, Troubles de la vision chez les hystériques et les hystéro-épileptiques (Thèse de Paris, 1877). Galezowski, Progrès Méd., 1878, p. 39. Dujardin-Beaumez et Abadie, Hysterical Amaurosis, Amelioration by Metallotherapy and by Magnets; Complete Cure under the Influence of Static Electricity (Progrès Médical, 1879). The following is a brief résumé of this most interesting observation: Mlle. X., age sixteen, went to bed, January 21, with headache; had never before experienced any symptoms of hysteria; the next day, the 22d, she awoke totally blind. Examination of the eye by Abadie did not reveal any alteration of the fundus of the eye. There was loss of cutaneous sensibility on both sides of the body. Three pieces of gold were applied to the left temple, and in half an hour partial vision was restored on that side, but on the right side blindness persisted. Acuity of vision in the left eye, one-tenth. Magnets were applied, which ameliorated the right eye, and the sight of the left eye. February 5, acuity of vision was two-sevenths on the left, and one-fifth on the right. Each application of the magnet, or of metal, induced a state of lethargy; static electricity was then employed, and this completed the cure, and it has been permanent.

<sup>2</sup> Maladies du Syst. Nerveux, t. i. lect. ix. See also Ballet, Two Cases of Nervous Vomiting, Treated with Success by Forced Feeding (Prog. Méd., June 17, 1882). Deniau, De l'hystérie gastrique et de son traitement (Thèse de Paris, 1883). Huchard, Traité des neuroses, Paris, 1883. Fabre (de Marseille), De l'hystérie viscérale, Paris, 1882.



deglutition was imperfect, and fluids regurgitated through her nose. In August, she recovered, and was comfortable for about three months.

Early in November, an abscess formed in the left tonsil, extending to the side and back of the pharynx; dyspnœa, difficult deglutition, nasal regurgitation, and expectoration of pus and mucus, with cough, continued till May, 1882, when an abscess formed in the substance of the tongue on the left side, and finally opened by two orifices, one at the base of the dorsum of the tongue, the other near the tip on the under surface—both on the left side. After the abscess broke, she could pass her little finger from the anterior to the posterior opening. This was about three weeks in healing.

For six weeks, respiration was difficult owing to her swollen tongue, and at times suffocation was imminent; she could scarcely lie in the recumbent posture; she had constant earache; deglutition was impossible, and for forty-two days she fasted absolutely, and did not swallow anything, solid or fluid—not even water. On recovering sufficiently to be weighed, she weighed 115 pounds, having lost eighty-two pounds during her illness. The joke in the family was, "You are beating Dr. Tanner." Remembering Tanner's furious attack on the August water-melon after his fast, I asked what she took the first time she was able to swallow. She said she drank a pint of custard almost without stopping, and had since lived on custard, milk, and broths, but that the greater part of everything she took regurgitated through her nose. I know that this account of her fasting so long as forty-two days will naturally excite a derisive smile of incredulity; I will refer to it again.

She began to convalesce in the latter part of May, and I saw her first on the 8th of August following (1882). She was brought to my office in a carriage from the depot, and was so reduced and weak she could scarcely walk up the steps; her respiration was short and painful; her breath offensive as she entered the room; her coughing and spitting of mucus and pus incessant; her articulation nasal, and hard to be understood. It was painful to look at her huge, emaciated frame; she looked like a bag of bones in her clothes.

It is common to hear patients say, "They tell me I have a curious looking throat."

This throat was "a curious looking throat." Upon examination, there were two large cicatrices on the left side of her tongue as large as a five cent silver piece, one on the under surface near the tip, the other on the dorsum near the base. This half of the tongue was atrophied and smaller than the other, and partly paralyzed. The left tonsil was enlarged, indurated, honey-combed, and studded with ulcerations; the left palato-pharyngeus muscle was dissected up from the walls of the pharynx, and attached simply by its two ends, one to the palate as usual, but the lower end was displaced, and was attached to the middle of the pharyngeal wall, bulging forward like a piece of ribbon, drawing the palate slightly to the right side. A curved

probe could be passed behind it, as in the musculi pectinati in the ventricles of the heart. (See figure.)



1. Left palato-pharyngeus muscle, separated from wall of pharynx, and attached by its two ends to palate and the middle of the posterior pharyngeal wall.
2. Probe passing behind palato-pharyngeus muscle.
3. Right palato-pharyngeus muscle—normal.

(Modified after Cohen.)

This formed a sort of pouch, extending downward to the epiglottis, filled with offensive mucus, which prevented an inspection of the laryngeal opening with the laryngeal mirror.

Upon cleansing the parts, this pouch was rapidly refilled. I failed to get a view of the epiglottis for several days, and when I did, half of it had been destroyed by ulceration, and the borders and upper surface of the remaining portion were ragged, and covered with ulcers.

The right tonsil was enlarged, indurated, and of almost cartilaginous hardness, projecting beyond the half arches, and adherent to both of them.

The whole wall of the pharynx was thickened and ulcerated as far down as the epiglottis. The throat was very irritable, and the examination was difficult, painful, and prolonged.

The condition described as existing in the tongue and throat will, I think, readily explain the regurgitation of fluids in deglutition, the impairment of

speech, and the nasal twang of the voice, as well as the constant cough and expectoration of mucus and pus. She said she spat up a pint of "stuff" a day, and from what I witnessed during the consultation, the quantity was scarcely exaggerated. At this visit I induced the patient to swallow water; she did so unwillingly; the greater part of it came out of her nose, and produced painful choking and cough. I also weighed her in the express office below my own (the subsequent weighings were made on the same scales); she weighed 136 pounds. Her weight before her illness, she said, was 197 pounds; afterwards, when convalescence began, it was only 115 pounds—a loss of 82 pounds—so she had recovered about 21 pounds.

Owing to the irritability and ulceration of the throat, little could be done, except to preserve cleanliness, and educate the throat for future manipulation. This was effected by spraying the parts with the following solution:

R.—Sod. carb.,					
Sod. borat.,	.	.	.	.	āā dr. 2.
Glycerin,	.	.	.	.	oz. 1.
Liq. sod. chlor.,	.	.	.	.	oz. 1.
Aq.,	.	.	.	.	oz. 8.

She was provided with a Johnson's Patent Improved Atomizer, with instructions to draw the tongue forward, and spray the pharynx every two or three hours, and to have the throat mopped with the following, after each application of the spray:

R.—Iodin.,	.	.	.	.	gr. 12.
Pot. iod.,	.	.	.	.	gr. 24.
Glycerin,	.	.	.	.	oz. 4.

She was told to gargle her throat repeatedly with warm water, so as to soften the indurated parts, and to take maltine with quinine, iron, and strychnia. Her diet was to consist principally of milk and custard.

Her aunt, an efficient nurse, carried out these instructions faithfully, and I attended to her once a day at my office.

*August 28.*—The effect of this treatment was soon apparent. To-day I took the following note:

The secretion and expectoration of muco-pus have greatly diminished; it still collects in the pouch, previously described as formed by the displaced palato-pharyngeus muscle; the breath is less offensive; the irritability of the throat has lessened, permitting the free use of instruments without gagging; the induration and ulceration of the pharynx have improved; she swallows more easily, but still has regurgitation through the nose, though with less spasm and cough. Her condition on the whole is far more comfortable, and her strength is slowly improving.

*29th.*—To-day, assisted by Dr. Davega, of the hospital staff, I operated upon the displaced palato-pharyngeus muscle by dividing its inferior attachment from the middle of the pharynx, and united it to the side of the palato-glossus, by paring the adjoining surfaces of both muscles, and uniting them by three silver sutures. (It was found im-

practicable to unite it to the pharyngeal wall.) The operation was very tedious.

The effect of cutting this muscle was first to destroy the pouch in which the mucus and pus collected—my chief object; but the palate was drawn further over to the right side by the antagonistic muscle, and the regurgitation through the nose, which had diminished somewhat as the general irritability of the throat had lessened, again increased for several days. I at first apprehended that I had done more harm than good.

*Sept. 3.*—Union not having taken place, the sutures were removed, and the severed muscle contracted in a few days close up to the palate. To-day I removed the enlarged right tonsil, liberating the half arches, to which it was united by adhesions. The tonsil was of almost cartilaginous hardness, and the bleeding was very free. In washing her mouth with cold water to stop the hemorrhage, she swallowed a small quantity without regurgitation, and quickly remarked, "I can swallow now," and soon afterwards drank a tumblerful of water without regurgitation, for the first time in many months. On the following morning, she ate bread and milk and hominy, and from this time had no further trouble in swallowing ordinary food. She rapidly improved in flesh and strength; her appetite was enormous for weeks. Her weight steadily increased—sometimes as much as five pounds in a week. In four months her weight increased from 136 pounds to 180 pounds, an average of about three pounds a week. The last time I saw her weighed was in March, 1883, and she had reached 192 pounds, five pounds less than her weight (197 pounds) prior to her illness, which began in April, 1881. She was kept under observation till January, 1883, and has since continued to come occasionally for inspection, the treatment previously adopted being continued at home. She has now entirely recovered; the pharynx and tonsils, however, have a rugged appearance, being filled with elevations and depressions, the remains of former ulcerations, and nearly half of the epiglottis is wanting. She speaks distinctly, but with a decided nasal twang.

This case presents peculiarities of interest in an anatomical, physiological, and pathological point of view rarely met with.

I have carefully adhered to the facts as stated to me prior to my seeing the patient, and to the subsequent operations, treatment, and progress of the case, because I know that some of these statements will appear to those who did not see the patient very remarkable.

The dissecting up of the palato-pharyngeus muscle from its attachments, except by its two ends, is unique, but is easily explained by a glance at the throat. When the abscess formed in the left tonsil in November, it burrowed in two directions, to the side and behind the pharynx, under the muscle and mucous membrane, and opening about the middle of the pharynx, and forward under the palato-glossus to the base and side of the tongue, discharging by two orifices, as before mentioned, through the substance of the tongue, resulting in partial atrophy of that side. Its subsequent division

and atrophy prove that the act of swallowing can be performed without this muscle, and that, too, without nasal regurgitation.

Nature, as we well know, often supplies her deficiencies by compensatory devices, but here, in such a changed and thickened condition of all the structures of the pharynx, it is difficult to see how the deficiency of this muscle could be supplied. It could not act in conjunction with its antagonist of the opposite side, and there could be no approximation of the posterior half arches; hence, nasal regurgitation in swallowing.

In connection with the regurgitation through the nose, I ascribed it at first, chiefly, to the displaced palato-pharyngeus muscle, but, on dividing this muscle, the difficulty was increased, and I was at first fearful that I had done harm, though its division was necessary to destroy the pouch.

Five days afterwards, when I removed the indurated right tonsil, and liberated the half arches on the right side, regurgitation ceased promptly, showing that the non-contraction of the palatoglossus and palato-pharyngeus of the right side were chiefly the cause of the difficulty. This had entirely escaped my observation.

*Remarks.*—In regard to the fasting forty-two days and nights, and *without water, too*, I will only say that it was impossible to listen to the plain, modest account of this young woman, of her sufferings, her thirst, and hunger, her fits of suffocation and strangulation, her prayers for death to give her relief, without believing that she was telling what she believed to be true. An examination of her mouth, throat, and larynx confirmed her statement of the repeated abscesses and ulcerations which she said she had had; this was confirmed by her parents, who are reputable persons. There was no hysteria in this case: a woman of nineteen years of age, six feet high, and weighing 197 pounds, is not likely to have hysteria; there was no publicity given in the neighborhood to "the long fast;" there was no object in deception; "there was no money in it." Her sufferings were fearful; she could not disguise them; she wanted to die, and prayed for death; her family would have been relieved by her death. She did not relate all this at first; on the contrary, she was modestly reticent. It was not until she had begun to improve, and her throat was so educated as to permit me to see by the aid of the laryngoscopic mirror the fearful ravages of the disease which she had undergone, that, in answer to my question of astonishment how she had managed to swallow at all, she said, "I know you will not believe me, but nothing passed my lips for forty-two days, not even water." The physician in attendance, who, I know, is an estimable gentleman, was separated by a distance of twenty miles from the patient, and only visited her at long intervals, and expected her death daily. He told me that he could not testify, personally, to the extent or length of "the fast," but that there were weeks together when he believed deglutition impossible from the condition of her throat, involving pain, choking, and strangulation, and that he regarded the patient and her parents as entirely reliable. Her

family thought she had cancer of the throat, and that the case was hopeless.

Nearly all cases of long or pretended long fasts have occurred among women of delicate constitution, and are usually associated with some form of hysteria, and accompanied by wonderful accounts of absence of hunger and thirst, with long trances, and after detection it has always been found that the deception was carried out with the connivance of the family.

The world at large, and the medical profession, too, are divided about Dr. Tanner's fast of forty days, two years ago. Probably as many people believe it as there are who do not believe it.

It was said at the time that Tanner lost seventeen pounds by weight, and that, after the fifteenth day, he drank as much water as he wished, which sustained him, or seemed to assist him to a surprising extent. Supposing that Tanner's fast was honestly carried out with the assistance of water after the fifteenth day, and that he did fast forty days with a loss of seventeen pounds, he was a weak, delicate man; eccentric, but possessing a powerful will, with all his faculties, mental and physical; he had an object, and accomplished it, and risked his life foolishly.

Remembering this, suppose that a young healthy woman, six feet high, weighing 197 pounds, in possession of her mental faculties, but physically unable to swallow, suffering intense agony, hunger, and thirst, and wishing for death, says she survived forty-two days without food or drink, with a loss of eighty-two pounds in weight, and after recovery regains her original weight, within five pounds, in four or six months, and that this statement is substantiated by disease of the throat, which appears to have prevented deglutition, and that all this is confirmed by reputable persons, who have no object in conniving at fraud, and nothing to gain by a false statement. Is this possible?

#### ON THE VALUE OF THE MOIST-SPONGE DRESSING IN JOINT-AMPUTATIONS. A SUCCESSFUL CASE OF AMPUTATION AT THE KNEE.

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AMPUTATION for disease done in the continuity of a limb is so often followed by the necessity of re-amputation that the question of amputation at the contiguity, or joints, presents itself to the mind of the operative surgeon as a subject of weighty consideration.

The impossibility of ascertaining the limit to which a morbid process in a long bone has extended, even after the bone itself has been laid bare to view, and the unvarying teaching of experience which goes to show that when once the medullary substance in a shaft of a long bone is involved, the cell contamination is likely to extend to the articular cartilages, are important factors in deciding upon applying the knife at the joints to free patients from further annoyance and the distress of a subsequent operation.



Statistics, although for the most part of a fancied value in surgery, furnish a favorable view, which might substantiate the above conclusion.

The impression that exposure of an articulation implies extensive suppuration and exhaustive drainage has done much to keep joint-amputation in the background.

I believe that the chief trouble in the management of wounds liable to considerable suppuration is mainly due to the ordinary surgical dressings; and as the *moist sponge*, of which I am a warm advocate, is so simple in its use, and obviates the retention of any discharges within a wound, I shall hope to gain for it a trial at the hands of others by the recital of its satisfactory employment in the following case of *amputation at the knee-joint*, which I performed on the 29th day of April, 1882, at the Philadelphia Hospital:

The patient, Rose Donnelly, aged 44 years, had been affected with an epithelial cancer, which sprung from a cicatrix over the tibia and finally involved the bone, so that amputation was done on the previous January 4th, by one of my colleagues, just above the site of the disease. The remaining portion of the tibia afterwards proved to be diseased, and the patient suffered great pain in the stump, on account of which I operated at the knee, by the oval flap method, retaining the patella and avoiding making the lateral incisions too high upon the condyles of the femur, so as not to interfere with the attachment of the femoral fasciæ and muscles. The ligamentum mucosum was also preserved, so that the patella was retained in position between the condyles. After ligaturing the popliteal and sural vessels, the edges of the wound were carefully approximated with silver wire, and a large soft sponge (previously soaked in carbolyzed water 1-40) was applied directly to the part, and held in position with broad bands of adhesive plaster, extending diametrically across the sponge and along the thigh, so as to exert equable compression upon the deep as well as the superficial structures. The ligatures were brought out at the most convenient points, and their ends embraced in the grasp of the sponge. There was no external or other dressing applied, except that a light roller bandage was run up the thigh to control muscular spasm, and the thigh itself slightly elevated upon a pillow of oakum. This dressing was not disturbed for twenty-four hours, when it was removed, and afterwards reapplied daily. One of two sponges was used alternately, and kept constantly moistened with carbolyzed water (1 to 40), while the other was soaking in the solution. At each removal, all the discharges were found within the meshes of the sponge, and the appearance of the wound was satisfactory, except upon the fourth day, when it became erysipelatous (from contamination of an outbreak in the ward). This was combated by wetting the sponge with a solution of sulphate of iron (grs. x, aqua 3j), and the progress of the case was thereafter uninterrupted towards recovery, which was completed with firm cicatrization and entire cessation of discharges on May 20, three weeks from the date of operation. The temperature reached 100° the first night, and

101° on the fourth night, but with the subsidence of the attack of erysipelas, fell to normal, and remained so throughout the rest of the treatment.

The stump is now firm, and well adapted to the use of an artificial limb. No pain whatever is experienced in it. The patella remains between the condyles of the femur, and there is excellent forward motion, due to the preservation of the function of the extensor quadriceps femoris muscle.

BROAD AND SPRUCE STS.,  
March, 1883.

## MEDICAL PROGRESS.

ERGOT AS A PREVENTIVE OF THE AURAL TROUBLES OCCASIONED BY QUININE AND SALICYLATE OF SODA.—In three cases of acute articular rheumatism, SCHILLING has observed that the prolonged administration of salicylate of soda in doses of 3vss-3ijss a day, causes permanent aural trouble. The membrana tympani was thickened and of a cloudy aspect. A fourth case, which in two successive days had taken single doses of grs. xxx of sulphate of quinine, became subject to roaring in the ears and deafness. This is not an unfrequent effect of quinine or the salicylates administered in large doses, and Schilling proposes to administer ergot with these drugs in order to prevent this vascular paralysis: for example he gives the following: Ergotine grs. xv, salicylate of soda 3ijss, water 3vj. S.—A large spoonful every hour. Of eighty-seven patients who have taken this prescription, three-fourths have had no aural symptoms, and the same was noticed in nine other patients who took quinine and ergotine in equal parts. This mixture will be equally preventive of the amblyopia which sometimes follows large doses of quinine.—*Progres Méd.*, June 9, 1883.

VERBAL BLINDNESS.—Aphasia presents itself under such a variety of forms, and in such complexity of combination, that there can be no more difficult subject in the whole range of neuro-pathology or psychology. We have obviously used the term in its widest sense as synonymous with disorder of every kind of the faculty of employing verbal language. The following case of what M. Küssmaul would term verbal blindness is reported at length, but still with insufficient detail in some noteworthy points, in the *Gazette Médicale de Paris* of June 16th. A man of business, aged thirty-five, was suddenly seized whilst in the hunting-field with right hemiplegia and aphasia. He had been the subject of severe migraine, but with that important exception had enjoyed good health. Consciousness was lost a few minutes after the hemiplegic seizure. At no time was loss or impairment of ordinary sensation detected. Both the paralysis and the loss of speech were on the mend, when one day the patient wished to complete a letter which he had already begun, and found to his astonishment that he was unable to read what he had written but a few days before. Later on it was discovered that an inability to read printed matter also existed. The letter in question when compared with one dated three years back exhibited no special difference. In talking only occasionally did the patient substitute a wrong word. When seen by Charcot, five months after the onset of the seizure, no important defect remained except right lateral hemiopia and the inability to read. The hemiopia had been indicated by the fact that in attempting to play billiards the ball was seen to be but half a sphere. Acuity, however, in the other part of the field of vision was normal, so that the letters could be seen, though not read. Loss of memory for a certain number of substantives and proper names, including those of

the streets of Paris, existed. He did not venture alone in the city because of the last defect. He could write his name, his address, and even a long letter, without any important errors, but he could not read what he had written. In order to decipher a word he slowly formed each letter of the term with the tip of his right forefinger, and then the ideas furnished by the movements of his fingers came to his aid and controlled the incomplete, insufficient visual impressions. In the phraseology of Dr. Bastian, the defective action of his visual word centres was helped out by the almost simultaneous activity of the *kinesthetic* word centres. M. Charcot has utilized, from a point of view of treatment, the help afforded by this *muscular sense*. So much progress was made that whilst at the beginning of his reëducation it took one hundred seconds to read one line of print, after sixteen days twenty-seven seconds sufficed to accomplish the same task.—*Lancet*, July 7, 1883.

**PAPAIN.**—Papaine, or vegetable pepsin, is a milky substance extracted from the stems and green fruit of the *Carica papaya*, an indigenous tree of South America, the Indies, and the Molucca Islands. The exudation of the green fruit and the seeds themselves are very efficient vermifuges. But the most valuable property of the tree is the extract, which contains a large proportion of a principle analogous to animal pepsin, which Wurtz and Bouchut call *vegetable pepsin*. This substance rapidly softens and digests muscular fibre. The emanations of the trees produce this effect on flesh, and in countries in which the papaya grows the inhabitants suspend meat which they wish to grow tender in its branches. M. Wurtz, in a report to the Académie des Sciences (Nov. 15, 1880), asserts that papaine dissolves two thousand times its weight of fibrin, acting with the rapidity and regularity of the best animal pepsin. Dr. Berthaud says that in the laboratory papaine is constantly used, and numerous facts prove that its action is certain and constant, and its use enables the experimenter to avoid the adulteration so often met with in animal pepsin. Wurtz and Bouchut have observed that all azotized material, as milk, meat, and fibrin, is digested by the papaya juice in a much larger quantity than by the pepsin of the stomach, and it has the advantage over animal pepsin of dissolving azotized matter as well in an acid as in a neutral or alkaline medium. Papaine has the same indications for administration as animal pepsin. MM. Trouette and Perret, of Paris, have made five preparations of papaine—syrup, elixir, wine, cachets, and pills—the general effect of which is equally constant, and which may be administered according to the age, temperament, and taste of the individual.—*L'Union Méd.*, June 10, 1883.

**ELECTRICAL CURRENT IN PEMPHIGUS.**—DE AMICIS relates a case in which the pemphigus was localized on the inner surface of the right leg. The nutrition of the part had suffered; there was marked emaciation; muscular contraction kept the limb half flexed; the skin was covered with thick flakes of epidermis colored greenish-yellow; beneath this the surface was either rose or dark red; here and there were blisters and denuded points. Various methods of treatment, both local and constitutional, had been tried without effect, such as arsenic, iron, quinine, continuous warm baths, emplastrum diachyli, ointment of chrysophanic acid, etc. De Amicis prescribed electricity under the form of alternate induced and constant currents. The *seances* lasted about ten minutes. The results exceeded all expectation. After less than twenty-six sittings all new eruption of bullæ had disappeared. Soon the affected limb had regained its former size,

the contraction ceased, the skin recovered its natural hue, and the flakes which fell off were replaced by a branny desquamation. The patient unfortunately resolved to leave the hospital before the cure was complete.—*Edinburgh Med. Journ.*, July, 1883.

**SALICYLATE OF BISMUTH IN TYPHOID FEVER.**—PROF. HENRI DESPLATS, after a careful study of the antipyretic action of carbolic acid, salicylic acid, salicylate of soda, and resorcin, has demonstrated that these agents have an influence on the temperature and other elements of fever, whatever may be the nature and cause of the fever (typhoid, puerperal, variola, intermittent fever, erysipelas, rheumatism, pneumonia, etc.); that this action is sure and prompt when these drugs are administered in sufficient quantities; and that it is quick, causing rapid elimination. He then studied the accidents which these agents have been said to produce (collapse, convulsions, albuminuria, melanuria, etc.), and has established that they do not cause pulmonary congestion or renal lesions, and may be administered in albuminuria; that, if administered in too large quantity, they may cause collapse, but this collapse is rare and not dangerous; that in very rare cases, when given in enormous doses, they will cause convulsions, but these have never terminated fatally.

He now gives the results of his experiments with salicylate of bismuth in typhoid fever. He has administered it in twenty cases. It is more readily taken than salicylate of soda, being less soluble, and, therefore, of less pronounced taste. It consists of salicylic acid 2 parts, bismuth 1 part, although it keeps more readily if there is an excess of 3-4 parts in the 100 of salicylic acid. It may be given in unleavened bread or slightly aromatic syrup of acacia, in doses of grs. xv-xxx, though he has given from ʒiv-ʒijss in a day. A little seltzer water may be given immediately after it to enable the stomach to retain it better, if that organ be very irritable. It is always advisable that a more or less considerable quantity of liquid be drunk after each dose. The effects obtained are of two kinds, *immediate* and *remote*.

The *immediate effects* are comparable, when the dose is sufficient, to those produced by carbolic acid, resorcin or salicylate of soda. To observe these, the patient should be closely watched, and the variations of temperature noted. Vulpian's statement that the temperature does not rapidly abate is erroneous, as M. Desplats shows by several cited cases. The immediate effect is never wanting when the dose is sufficient. It produces a less abatement of temperature than carbolic acid, but the sudden rise so often seen after the abatement from carbolic acid, is not observed. Beside the immediate effects, salicylate of bismuth has an incontestable action on the general temperature-curve. As has already been noted by Vulpian, the morning fall of temperature is greater, especially when no salicylate has been administered during the night. Desplats has several times observed that the temperature continued to abate during the forenoon, when the patient had taken no medicine, and thinks it very likely that these late effects are due to absorption of the drug, which is not very soluble. Sometimes, instead of a fall of temperature, he has noticed abundant perspiration coming on during the forenoon, long after the last dose of the salicylate; this seems to confirm the hypothesis of late absorption.

*Remote effects.*—It is important to know what action the salicylate of bismuth, regularly administered, exercises on the evolution and termination of the disease. Twenty cases are not sufficient from which to draw general conclusions, but they may be of service in drawing conclusions from an additional number of cases. Desplats divides his cases into three groups:

the first includes the cases in which the fever was arrested, in which it may be said that the drug had an abortive action; the second group includes those cases in which the effect was signal, but not so marked; and the third, those cases which were rebellious to treatment, either terminating in death, or seemingly uninfluenced by the drug. Eleven cases are reported in which it had an abortive action. Vulpian has already observed one case in which the fever was arrested on the fifteenth day by salicylate of bismuth. He hesitated to attribute this effect to the drug, as the rose spots were absent. This does not negative the diagnosis of typhoid fever, however, as cases do occur in which the rose spots are absent. Four cases are recorded in which the action of the salicylate was less pronounced; and five cases, all very severe, two recovering, in which there was no apparent effect. In all, twenty cases are recorded. Epistaxis was a rare symptom, and was in no case abundant. Intestinal hemorrhages occurred in two cases, one of which recovered. Delirium was rare, in one case being attributable to the medicine; this was rather subdelirium than true, and there was also deafness. When large doses, 3ij-3ijss, were given in three or four hours there was, in some cases, a depression of the vital forces, which passed off when the drug was discontinued. The best results were obtained with doses of 3iv-3js. — *Bulletin Gén. de Thérap.*, June 20, 1883.

**TRANSPLANTATION OF MUSCLE IN MAN.**—HELFERICH (*Archiv f. klin. Chir.*, Bd. xxviii, p. 562) reports a case in which, as a result of the removal of fibrosarcoma from the arm of a woman aged thirty-six, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left he promptly introduced a large fragment of the biceps from the leg of a dog. The cut surfaces were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portion, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly naturally to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movements at the elbow-joint were almost normal. — *Lancet*, July 7, 1883.

**RELATIONS BETWEEN OVARIAN TUMORS AND THE BROAD LIGAMENTS.**—M. TERRILLON has operated on three cases of ovarian tumors which had prolongations extending into the broad ligaments. He has observed that the development of ovarian tumors into the broad ligaments may be (1) anteriorly and posteriorly, and (2) into the concavity of the sacrum. The broad ligament is hypertrophied, contrary to what is seen in the case of parovarian cysts. The prognosis is more grave than in cases of cysts without prolongations. As regards decortication, Péan and Koerberlé are in favor of it; Karl Schröder prefers to leave a part of the tumor rather than decorticate. If this is done, however, a fatal peritonitis may be set up. Terrillon makes a distinction according as the adhesions are loose or close. If loose, decortication may be practised, and the two folds of the broad ligament are sutured. If the adhesions are fast, decortication is impossible, and in these cases the borders of the cystic cavity are sutured to the edges of the wound; free drainage is established in all the prolongations, so as to completely disinfect the whole wound. According to him, decortication is preferable where practicable. — *Journ. de Méd. de Paris*, July 7, 1883.

**ITCHING AS A SYMPTOM OF BRIGHT'S DISEASE.**—During the course of Bright's disease, itching is experienced unconnected with any cutaneous eruption, and sometimes invading every portion of the integument.

2. This symptom may be described as occurring in three different forms: 1st, as itching, properly so-called; 2d, as horripilation; 3d, as formication.

3. These sensations are a frequent accompaniment of Bright's disease; they are complained of at various periods; they may be felt both at the outset and during the course of the confirmed malady.

4. When met with at the commencement, they rank as an important symptom and one of great semeiological value; they coincide, at this period, with the pollakuria, the cramps, the palpitations, the disorders of hearing, the epistaxis, etc., and may precede the appearance of œdema and albuminuria, thus serving, without any other aid, to place the physician on the right diagnostic track.

5. Coming on at a later period, they merely constitute an additional and conjoint symptom of the disease.

6. The pathology of this phenomenon is as yet based upon hypothesis. It represents a disorder of the sensory sphere, due, probably, to the irritation produced at the terminal extremities of the nerves by refuse material retained in the blood through failure in the eliminative functions of the kidneys. — *Journ. of Cutan. and Vener. Diseases*, July, 1883.

**RELATIONS BETWEEN LOCOMOTOR ATAXIA AND SYPHILIS.**—DR. F. DE RANSE, in concluding a paper on this subject, draws the following conclusions:

1. Progressive locomotor ataxia is primary or secondary. One sometimes observes, in the course of other cerebro-spinal affections, accidental tabetic symptoms of characteristic type, due to propagation of lesions along the external bands of the posterior cords, which cannot be said to constitute progressive ataxia.

2. Pathological anatomy shows that tabetic symptoms of that kind often supervene in the course of cerebro-spinal syphilis. It is admissible, if not demonstrated, that under the influence of this primitive and extrinsic irritation of the posterior cords, and in virtue of a special predisposition, a secondary locomotor ataxia may be developed. But pathological anatomy shows a line of demarcation, between the syphilitic and tabetic processes, which prevents us considering primary sclerosis of the posterior cords as of syphilitic origin, or accepting the doctrine of a primary specific ataxia.

3. These proofs of pathological anatomy are by no means weakened by the statistics produced in favor of the specific character of locomotor ataxia; they are still insufficient, subject to numerous objections, and need further evidence.

4. Nor are these proofs of pathological anatomy weakened, but rather confirmed, by the results of specific medication in locomotor ataxia.

5. The antisiphilitic treatment, incontestably useful in cases of ataxia symptomatic of cerebro-spinal syphilis, and perhaps at the onset of the secondary form, may be positively injurious in the primary form. Hence it should be prescribed with caution in tabetic cases. — *Gazette Méd. de Paris*, April 28, 1883.

**PHOSPHORUS IN OSTEOMALACIA.**—DR. W. BUSCH reports two cases of osteo-malacia treated by phosphorus. The first patient was a fairly healthy-looking woman, thirty years of age, in whom the disease appeared a few weeks after childbirth. The objective signs were confined to the bones of the pelvis. This presented the appearance of having been pressed together from the sides. The symphysis projected



forward like a beak, while the horizontal rami of the pubes were sharply bent. Walking was impossible, the patient being able only with the greatest difficulty to move from the bed to a chair. Absolute rest in the horizontal position was ordered to be maintained for three months, and Wegner's phosphorus pills were prescribed. After five months' treatment, the patient was able to go up and down stairs without difficulty. At this time she changed her residence and passed from under observation. The second case was that of a woman, fifty years of age, who complained of intense pain in the right arm near the insertion of the deltoid muscle. A diagnosis of ostitis was made and the ordinary measures were prescribed. No improvement was noticed, and after several weeks the patient abandoned the treatment. In about nine months she again came under observation. She was then reduced almost to a skeleton, was absolutely unable to walk, and was greatly deformed. The dorsal spine was kyphotic, while the cervical spine was so strongly lordotic that the head seemed to rest between the shoulders. The thorax was distorted, the femora were bowed, and the pelvis presented the characteristic deformity of osteomalacia. The patient was confined to the bed for seven months, and took Wegner's pills for a year and a half. At the end of this time the bones were firm, and she could go about without complaint. The deformity had not decreased. The following is the formula for Wegner's pills:

R.—Phosphori, . . . . .	gr. $\frac{1}{8}$ -ss.
Syr. simpl., . . . . .	f 3ij.
M. bene et adde	
Pulv. glycyrrh. rad., . . . .	3ijss.
Pulv. gummi arab., . . . .	Div.
Gummi tragacanth., . . . .	3ij.
Ft. pil. 250.	

Each pill contains about  $\frac{1}{250}$  grain of phosphorus. The dose is one pill twice a day, to be gradually increased. Busch does not consider the drug to be of any value in rickets or caries.—*Practitioner*, July, 1883.

**RELATION BETWEEN FLEXIONS OF THE UTERUS AND NERVOUS AFFECTIONS.**—DR. H. T. BYFORD, in a paper on this subject, read before the Chicago South-side Medico-social Club, draws the following conclusions:

1. There is some direct relation between flexure of the uterus and hysterical symptoms, especially the melancholia.

2. This form of melancholia is not dependent entirely upon occlusion, for in some cases there is neither occlusion nor dysmenorrhœa. I have a case of a primipara, with anteflexion without occlusion, whose life was perfectly miserable from despondency, fainting spells, excessive irritability, and foreboding of trouble, who experienced no relief from tonics, local stimulants, or glycerine plugs, but whose nervous symptoms improved from the first introduction of an elm bougie. Ammoniated tincture of valerian had afforded temporary amelioration.

3. That the peculiar dilating or rather straightening action of the elm affords much relief.

4. That the beneficial action of the slippery elm bougie is not merely one of stimulation, for, in some cases, the symptoms are worse until the stimulation has subsided, as in the case of Mrs. D. and many others. I have known cases in which the bougie increased the local discomforts, and yet caused improvement in the nervous condition after its removal.

5. That congestion in any part of the uterus is not a constant factor, for in the first case cited there was no sign of any congestion.

6. That ovarian irritation is not the cause of this kind of hysteria, for the bougies could not relieve ovarian irritation so promptly, since they have rather an irritating than soothing effect upon the pelvic organs.

7. Dragging of the uterus upon the ovaries through the broad ligaments is not the cause either, for the change produced in the position is scarcely appreciable at first, and not comparable, the change constantly being produced by the filling of the bladder.

8. That the iliac pains accompanying anteflexion are not of ovarian origin.

9. That pessaries do not afford as decided relief to the general nervous symptoms as elm bougies.

10. That cutting operations, which endanger the life or health of the patient, are unjustifiable for stenosis until gradual dilatation of this kind has been tried.—*Weekly Medical Review*, July 14, 1883.

**REMOVAL OF CARIOUS PORTIONS OF THE VERTEBRÆ.**—DR. BÖCKEL relates the history of a case in which he removed the carious portion of the bodies of two dorsal vertebræ by means of the sharp spoon, with gratifying results. From his experience in this case and in operations upon the cadaver, the writer concludes that it is not so difficult as is usually supposed to reach the anterior portion of the spinal column. The resection of an inch to an inch and a half of one rib affords room enough for the finger to reach the bodies of the diseased vertebræ. The danger of wounding any of the great vessels lying in front of the spinal column is not so great as it seems, as the pus has already formed a sinus which serves as a guide to the diseased bone. The bodies of the lumbar vertebræ may be reached by an incision made at the outer border of the sacro-lumbalis muscle, as for nephrotomy. The same operation is indicated in gunshot wounds of the vertebral bodies. The difficulty in such cases lies less in the operation itself than in the uncertainty of the diagnosis respecting the location and extent of the injury to the bone.—*Practitioner*, July, 1883.

**UNILATERAL RETINITIS ALBUMINURICA IN A PATIENT WITH BUT ONE KIDNEY, DISEASED, ON THE SAME SIDE.**—YVERT reports the following rare case in a Spaniard, æt. 43, who had had most of the subjective and objective symptoms of parenchymatous nephritis, and in whom the right eye remained absolutely intact throughout the entire course of the disease. In the left eye there were the usual yellowish-white masses of exudation in the retina, beneath the vessels in the region of the macula, and between the latter and the disk. There were numerous punctate hemorrhages, and some larger extravasations. Vision was not much affected when the patient first came under observation, but subsequently was almost entirely lost. After he had been under treatment about six weeks, the vision improved almost to the normal standard, and there was a considerable diminution of the retinal exudation. He subsequently, however, grew very much worse, the vision was again nearly lost, and the patient died in about ten weeks from the time that he first came under observation. At the autopsy the right kidney was found to be entirely absent, there being not a trace of kidney, artery, vein, or ureter, though the supra-renal capsule was present in its accustomed place, and was of normal size. The place ordinarily filled by the kidney was occupied by a portion of the right lobe of the liver, enormously hypertrophied. The left kidney was in its normal position, was considerably hypertrophied, and presented the characteristics of the large, white, parenchymatous nephritis.—*New York Medical Journal*, July 14, 1883.

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SATURDAY, AUGUST 4, 1883.

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In order that our readers may have an intelligent idea of the area and location of the present cholera epidemic, we give, on another page, a very complete map of lower Egypt, showing all the principal towns at which the cholera has appeared. This map is so printed that it can be detached and placed in a position where it will be handy for future reference and study.

## CHOLERA AND QUARANTINE.

WE print elsewhere the latest news of the progress of cholera, and our map shows the position of the infected localities. The disease is steadily progressing in Egypt, but as yet there is no evidence that it has reached Europe, for the cases reported in Havre, London, and Wales are evidently only the common sporadic cholera morbus, such as occurs every year.

It may be said, therefore, that the European Governments have had timely warning, and that the result will test the value of maritime quarantine as a means of checking the spread of cholera. It is generally admitted that inland quarantine and sanitary cordons are useless against epidemic cholera, but the value of maritime quarantine is not yet settled, though the prevailing opinion is that it is at all events worth trying. It has failed sometimes, it has apparently succeeded sometimes, and its success or failure appears to have depended very much on whether it was resorted to in time, and was properly enforced. For example, the appearance of cholera in Southampton, in June, 1865, was for a long time inexplicable, and it was not until several years afterward that satisfactory evi-

dence was obtained that it had existed in Alexandria on the first of June, though it was not announced until the 11th, and during this time vessels had been going from Alexandria to Southampton without check.

Let us now consider briefly the European quarantine systems which are being opposed to it. In France these are regulated by the law of 1867, and the same methods are pursued by all the governments of Southern Europe, with minor modifications as to time of detention, etc., so that it may be called the Continental system.

Its essential feature is the detention of a suspected vessel with its passengers, crew, and freight for ten days' observation. The sick are separated from the well—both are removed from the ship. A suspected vessel is one coming from a port at which cholera exists, or one on board which cases of cholera or choleraic diarrhoea have occurred *en route*. Bedding and clothing are disinfected, but, as a rule, merchandise is not. The exceptions are second-hand goods, feathers, skins, and other things of like character. No special directions are given as to cleansing the ship. The quarantine officials have no discretion as to the time during which the well passengers are to be detained for observation; but if the vessel has a regularly commissioned physician, is in good sanitary condition, and has had no cases on board, the ten days' quarantine may be counted as commencing from the date of sailing from the port of departure.

The English system, as provided in a special order of the Local Government Board, dated July 12, 1883, is what is called a system of Sanitary Inspection, the essential feature of which is that there is little or no detention of persons not actually suffering from the disease, even though they may have arrived on an infected ship, and that there is no fixed limit of time for detention of the ship.

The order above referred to provides that, when any customs officer knows or suspects that a ship is infected with cholera, he shall cause it to be moored or anchored in a place to be selected by himself; shall allow no one to leave the ship; and shall at once give notice to the sanitary authority, who must have the ship examined by a medical officer of health, and this examination must be made within twelve hours, or the ship allowed to go free. If the medical officer of health decides that the ship is infected with cholera, he gives a certificate to that effect, whereupon the vessel shall be taken to a place selected for that purpose by the Port sanitary authority, and moored or anchored.

Every person certified by the medical officer of health to be suffering from cholera is to be dealt with by the sanitary authority under its local regulations.

The medical officer of health is to give directions for preventing the spread of infection, which directions must be carried out by the master of the ship. Articles soiled with cholera discharges are to be destroyed, and the clothing and bedding of those suffering from the disease are to be disinfected or destroyed.

Physicians will readily see that this English system affords very little security against the importation of cholera, and that the order has been framed in the interest of commerce rather than that of public health. Under this order the passengers not yet stricken down with the disease, in a ship containing a dozen or more cases of cholera, must be allowed to land and go where they please, although it is almost certain that within a week some of them will have the disease and become centres of infection. Nor is their baggage to be inspected or disinfected.

Too much is left to the discretion of the health officer, for the pressure on such an officer at such a time is enormous.

The defect of the Continental system appears to be an unnecessarily long time of detention, and not sufficient attention to the ship itself.

The quarantine systems of Boston, New York, and Philadelphia are intermediate between the Continental and the English plans; the well are detained a short time for observation, and the ship is emptied and cleansed as soon as possible.

England will take no precautions that will interfere with her commerce unless compelled to by the placing of restrictions on that commerce by other nations, and she is the chief source of danger to this country at the present time, so far as Asiatic cholera is concerned.

#### THE IMPROVED CÆSAREAN OPERATION.

THE disposition manifested to return to the old method of abdominal delivery in the management of labors in pelvis extremely narrow in their measurements, has stimulated suggestions from many prominent quarters, with the object of increasing the safeguards and precautions against the ordinary dangers attendant upon it. These are proposed mainly in reference to the prevention of hemorrhage, the security of the wound of the uterus against gaping, the warding off of septic influences, and the ensuring of the greatest promptitude consistent with the proper performance of the operation. The various recent suggestions in these directions are very admirably set forth in a series of papers just completed by Dr. Garrigues, of New York, in the *American Journal of Obstetrics*.

In connection with these points, it is interesting to notice an operation recently (March 5th) per-

formed in the Maternity of the Woman's Hospital of this city by Dr. Anna E. Broomall, Professor of Obstetrics in the Woman's Medical College. The patient was a negress, aged 22, with a conjugata vera of  $2\frac{7}{8}$  inches, and a very exaggerated inclination of the pelvis, which increased the obstruction. She had been twenty-four hours in hard labor before she came into the Hospital, and attempts at delivery had been made by long-continued and vigorous compression and traction with forceps. At the time of the operation by Dr. Broomall, her temperature was  $102^{\circ}$  and her pulse 180, with offensive discharge of blood and shreds of tissue; but as the foetal pulse was distinct, and the mother's condition not absolutely hopeless, the Cæsarean operation was adopted, as giving more chance to both lives than any other method. Craniotomy was inadmissible with the active signs of life in the child, and the Porro operation involved too much shock, and, moreover, her intelligent consent to be unsexed was not obtainable in her then condition.

The operation was performed with full antiseptic precautions as to assistants, instruments, and atmosphere. The main important feature was the adoption of the principle of the Müller-Porro operation, viz., the turning out of the uterus from the abdominal cavity, keeping the edges of the incision closely pressed against the uterine wall, and before incising the uterus making constriction of the cervix to prevent hemorrhage. This plan, first suggested by Litzmann, of Kiel, has been carried out heretofore in a few cases only, and without success, by placing a constricting band around the cervix, either a wire loop, or, as urged by Garrigues, an Esmarch rubber tube, tightened up until complete arrest of circulation is effected. Dr. Broomall, however, modified this portion of the operation in having the *cervix grasped by the hand of an assistant* and securely compressed until the uterine wound was closed by sutures. The hand was applied with its palmar surface upon the lower anterior face of the uterus, with the thumb and fingers extended with the commissure looking downward, then slid rapidly down until the soft tissue of the cervix could be grasped in its embrace, the head being gently pressed upward till the cervical tissues were entirely isolated from it. The softness of the cervical walls rendered an efficient grasp quite easy, and the circulation was absolutely controlled, there being apparently not a drachm of blood lost from the incision in the uterus. The placenta was implanted anteriorly and had to be cut through, causing of course the loss of its contained blood.

The advantage of this method of constriction was seen to be immense. First, there is great saving of time, and that too at a period of the operation when every moment tells upon the vitality of the foetus.



The difficulty of passing a cord or ligature of any kind over and behind the uterine body, carrying it down between the womb and the edges of the incision—which have to be kept closely in contact to prevent the escape of the intestines—and the care necessary to prevent loops of intestine and portions of omentum being carried down and grasped by the ligature, contused and perhaps permanently injured by the rough constriction, constitutes one of the serious delays in the Porro operation; and the manipulation necessitated by it, disturbing the placental circulation, involves great danger to the child. With the manual grasp, the fingers being gently slid around the cervix from in front and kept close to the uterine wall, such precautions are unnecessary, and the whole constriction is done instantaneously. In Dr. Broomall's case, it was less than fifteen minutes from the time the peritoneal cavity was opened until the uterine wound was completely closed, and in ten minutes more the abdominal walls were closed also, making only twenty-five minutes in all that the abdomen was open. Second, a very important gain by this procedure is in the diminished risk from injury of the uterine tissues or the broad ligament and its appendages by their grasp in the soft hand, with its well-regulated and intelligent pressure, in contrast with their constriction by any mere machine. The hand would not be wearied in so short a time, but if it should become so, it could easily be replaced by the other, with scarcely perceptible interval of grasp.

After thorough cleansing of the cavity, the uterine wound was closed by fine silver wire sutures, passed at very short intervals from the internal surface of the uterus outward through the whole thickness of the wall, and returning similarly through the opposite side, so that the middle of the loop, instead of the twist, was upon the peritoneal edge of the wound, thus bringing the peritoneal surfaces closely together with a little inversion of the edge. The wires were cut pretty closely and the ends turned in between the edges of the incision towards the peritoneal surface. This method was continued until the lower end of the wound was so nearly reached that it was no longer practicable, when silk braid carbolized and waxed was substituted.

The condition of the mother previously and at the time of the operation gave but little hope, if any, of her life, but though the case was fatal after thirty-six hours, the autopsy showed complete union of the uterine wound throughout, and the abdominal cavity free from any trace of blood. The uterine surface was free from inflammatory action, but the intestines in the upper part of the abdomen above the uterus, were largely agglutinated by lymph. The child lived thirty-two hours, and was found to have had a large clot beneath the membranes of the brain,

with fracture of the right parietal bone from the compression at the pelvic brim early in the labor.

The advantages of this mode of constriction and the facility with which it can be performed, recommend the plan of Dr. Broomall as a very important advance in the improved Cæsarean operation. The objection urged by Carl Braun von Fernwald to the use of the ligature on the ground of the head being sometimes impacted in the brim (a condition certainly extremely rare in a pelvis of two and one-half inches) would not be applicable to the manual constriction, as the hand with its palmar surface could efficiently compress the cervical tissues against the head itself, quietly raising it upward till it had cleared the brim, the cervix being stretched and thus easily and efficiently grasped.

#### MYOSITIS OSSIFICANS.

At the Twelfth Congress of the German Surgical Association, KÜMMELL reports a very interesting case of this rare disease, already noticed by Partsch, Uhde, and Langenbeck (of Wiesbaden), and others. The ossification probably began in intra-uterine life, since it was noticed as early as fourteen days after birth, in the spinal deformity and the hampered movement of the arms. At two years of age, numerous fluctuating tumors were noticed on the back, which gradually hardened, and finally became as hard as bone. In some cases, this process went on so rapidly that a soft lump on the boy's head at twelve years of age in two days had already apparently ossified.

Although it was so widespread, but little pain attended the disease, so much so that the boy's school-life began at seven, and had not been interrupted. It began in the soft parts, and gradually extended to the neighboring bones. The facial muscles were apparently free, and fortunately also the muscles of deglutition, though the floor of the mouth was changed into a fibrous mass, which had involved the hyoid bone and the thyroid cartilage. The respiration was abdominal, the thorax deformed, and the pectoral muscles atrophied and ossified, so that the arms could not be abducted. Three weeks later, when one of the sudden onsets of the ossifying process had occurred (and this spasmodic mode of attack is peculiar to the disorder), the heretofore intact biceps suddenly ossified, and the elbow was fixed in right-angled flexion. The back had suffered more than any other part of the body. The lower extremities were but slightly affected, but had begun to suffer of late more than before.

In Partsch's case, the urine was found deficient in the lime-salts, which were reduced to one-tenth of the normal amount, but in Kümmell's no such

change had occurred. The faradaic irritability was decidedly lessened.

The etiology of the disease is confessedly very obscure, partly owing to its rarity, partly to the want of post-mortem and microscopic observations, and partly to the absence of thorough clinical investigation. No effort, for instance, seems to have been made to study the state of the blood in any reported cases. It seems not to take its rise from traumatism, nor from any other assignable cause, but probably to be an enormous exaggeration of a process which slowly proceeds as we grow older. The well-known fact of the loss of suppleness of the muscular system in consequence of the gradual invasion of the muscular bellies by the tendons as youth passes into age, and the ossification of the connective and fibrous tissues at their attachments to bone, may be cited as illustrations. So marked is the former that acrobats must have begun their muscular training in early youth, and have been constantly trained from childhood if it be desired that they shall achieve success.

It is to be hoped that every case will be investigated with most minute care, and reported at length.

#### CONTUSIONS OF THE BRAIN AND SPINAL CORD.

WITH an article under this caption in the AMERICAN JOURNAL OF THE MEDICAL SCIENCES for July, 1883, unfortunately comes to an end a series of valuable contributions to the surgery of the central nervous system, by the lamented JOHN A. LIDELL. It is a subject which will well repay study by all those who are liable to meet such accidents.

It is largely a plea for the theory of physical lesion of the brain by *contre-coup*. The bent of modern surgical belief is opposed unquestionably to the existence of such lesions in bone, but it seems to be at least possible in the soft parts, although Dr. Lidell does not enter into the physics of the question, but limits his attention to the clinical side of the case. The cases adduced by Dr. Lidell are valuable as illustrating this form of injury.

Moreover, the paper emphasizes the importance of prolonged care and caution after any injury to the skull sufficiently severe to produce nose-bleed, headache, mental disturbances, or other grave cerebral symptoms, though only temporary in duration.

The occurrence of abscess of the brain from mere contusion is also certainly shown to be possible; and, as denoting the more fearless treatment now often successfully pursued, he advocates trephining and incision of the meninges to evacuate the matter otherwise pent up, and sure to do mischief if let alone. It is a heroic remedy, it is true, but it has been so much more successful than that of a fatal

expectancy that it should be much more frequently resorted to in the future.

#### RATIONAL EDUCATION AS TO TEMPERANCE.

THE evils of intemperance are seen by physicians more frequently, perhaps, than by any other class of men, if we except the officials in our courts and prisons. Rum is the most fertile source of physical disease and deterioration, to say nothing of its results—wastefulness, crimes, and moral destruction. Syphilis itself in most cases is born of drunkenness.

To combat this gigantic evil, the Woman's Temperance Union has begun at the beginning. They aim not at legal suppression, or license, but at the education of the young in the principles of physiology and hygiene as applied to alcohol, opium, and their congeners. To do this they propose to obtain the enactment of laws in all the States similar to those now in force in Vermont and Michigan, viz., that there shall be in the public schools as one of the regular studies, elementary scientific instruction in "physiology and hygiene, which shall give special prominence to the effects of stimulants and narcotics upon the human system." Public sentiment shall thus be created by public knowledge of the character, extent, and influence of the evil. It is in the school-house that the dram-shop shall find its strongest foe. Give it twenty years, and it will win.

These women mean business, and they go about it in a most business-like way. Their plans for work are as elaborate as those of any strong political party. No prentice hand has sketched them out. They use no invective, no polemics, no sarcasm, no oratory, but hard scientific facts, and well-founded statistics.

And if systematic work will win, they will not lack for it. They have six departments: preventive, educational, evangelistic, social, legal, and one on organization, with numerous subdivisions, such as, on heredity, hygiene, scientific instruction, literature, the press, medical associations, statistics, prisons and police, railroad employes, the army and navy, women, fairs, capital and labor, legislation, the franchise, and work among various nationalities.

Last year, at St. Paul, through their inspiration the American Medical Association passed strong resolutions deprecating "the alarming prevalence and ill-effects of intemperance," bespeaking "conscientious caution" on the part of the profession in prescribing such potent drugs and welcoming "any change in public sentiment that would confine the use of liquors to the uses of science, art, and medicine."

As a public journal, striving for the health of the

community, we can strongly commend this action and place ourselves heartily in accord with the calm scientific spirit which seeks to suppress intemperance and vice.

## REVIEWS.

MANUEL DES INJECTIONS SOUS-CUTANÉES. Par BOURNEVILLE, Médecin de Bicêtre, et BRICON, Docteur en Médecine. 16mo. pp. xxxvi. 175. Paris: A. Delahaye et E. Lecrosnier, 1883.

MANUAL OF SUBCUTANEOUS INJECTIONS. By Drs. BOURNEVILLE and BRICON. Paris, 1883.

THE subject of hypodermatic medication cannot be fully discussed in one hundred and seventy-five sextodecimo pages. There is, however, much more in this book than might be supposed from its size. It opens with a history of hypodermatic medication, descriptive of the various syringes in use (on the Continent, more especially), a table showing the solubility of a number of substances in one hundred parts of water, and a short discussion of the local accidents sometimes occurring in the use of the syringe.

In treating of the substances used hypodermatically, the following excellent plan is systematically observed: First, the name of the drug, and its solubility in the various solvents; second, its physiological effects; and, third, its local effects, under which are given in many places formulæ for the solution and preservation; and, lastly, the therapeutic use is given.

An unusually large number of drugs are treated of as adapted to hypodermatic use. Prominent among these we notice, aloin, cantharides, cedrin, iron, in the form of the dialyzed, pyro-phosphate, citrate, lactate, and peptonate, guachamacca (see THE MEDICAL NEWS, April 7, 1883, p. 385), picROTOXINE, bromide and iodide of potassium, resorcin, and tayuya.

The book, unfortunately, contains no index; this defect, however, is in some measure compensated for by the fact that the drugs are arranged alphabetically.

## SOCIETY PROCEEDINGS.

### PHILADELPHIA ACADEMY OF SURGERY.

*Stated Meeting, May 7, 1883.*

THE PRESIDENT, S. D. GROSS, M.D., LL.D., D.C.L.,  
IN THE CHAIR.

DR. SAMUEL ASHHURST reported the following:

#### UNUSUAL FRACTURE OF THE PATELLA.

On the 16th of August, 1882, I was called to see a little girl about four years old, who had struck her knee with a large glass marble. Upon examination I found an oblique fracture of the left patella, vertical in direction, and apparently extending from within outwards obliquely through to the joint surface of the bone.

The edge of the fragment presented sharp and clearly immediately underneath the skin, so that despite the unusual character of the injury, I was able to convince myself of the accuracy of the description given above. Slight pressure restored the fragment to its proper position, and it was easily kept in place by strips of adhesive plaster. The tenderness in the joint was such that a pasteboard splint was applied to the under surface of the extremity.

As the accident occurred at a watering place and the patient returned home in a few days, I am unable to give its after-history from my own observation, but I learn from Prof. J. H. Brinton that the patient came under his care with a severe attack of synovitis.

Upon looking over the various standard works, I find that while oblique fractures of the patella are referred to, few cases are given. Indeed, I have only been able to find two. *Hamilton on Fractures*, in his first edition, p. 439, mentions a case where a child five years old fell, and presented the same features of injury as in the case I report, excepting that the line of fracture was near the upper and inner margin of the patella, while in mine it was near the upper and outer margin of the bone.

*Malgaigne*, translated by Packard, p. 626, refers to a case reported by Daniel Turner, in which a piece of the patella in a girl thirteen years old came away from an abscess, and was believed to have been broken off by striking a door.

The cause of the injury in the case I report is also unusual. Particular attention was paid to the matter, but I was unable to elicit any other history than that immediately upon striking her knee the child cried out. Upon examination of the marble of glass, and probably one and three-fourth inch in diameter, there was a slight nick perceptible upon one side, which, however, seemed totally inadequate to cause the injury, and had no appearance of having been itself caused by the force of the blow, the edges being not at all sharp.

The case was the only one of the kind I have ever seen, and seemed sufficiently unusual to be placed upon record.

DR. SAMUEL ASHHURST also reported the following case of

#### REMOVAL OF FOREIGN BODY FROM THE FEMALE BLADDER.

In the month of October, 1882, a married lady, about thirty-five years of age, presented herself at my office and informed me that a portion of an ivory knitting-needle had slipped into her bladder three days previously. The account given of how it happened was of course apocryphal.

As she had very few symptoms I at first thought she was mistaken, but upon introducing a long bullet-probe a bony substance was felt near the fundus of the bladder. I was able to make out the position of the knitting-needle to be nearly vertical, the lower end apparently resting upon the bas fond. After considerable trouble I succeeded in getting hold of the lower part of the needle with a pair of bullet-forceps, but found much difficulty in getting its end to engage in the urethra. When I at last succeeded in accomplishing this manoeuvre, I found that it constantly impinged against the walls of the canal, but was ultimately able to withdraw it without seriously injuring the mucous membrane. When extracted the cause of the difficulty was evident in the rough sharp edges upon the broken end of the needle which came first. There was some bleeding at the time, and slight vesical irritation for forty-eight hours afterwards, but no further trouble. The fragment of bone needle herewith shown is three and a half inches long and about three-eighths of an inch in diameter.

DR. F. H. GROSS also reported a case of

#### FOREIGN BODY IN FEMALE BLADDER.

About two years ago he was requested by Dr. Franklin to assist in the removal of a stone from the bladder of an out-patient at the German Hospital. The patient belonged to the working class, and was about fifty-six years of age. She said she had at one time worn a Meigs' ring pessary but had lost it (?) Dr. Franklin dilated the urethra and introduced a narrow pair of forceps, expecting to extract the stone or crush it. The hard body could be felt by the instrument, but could not be grasped. I endeavored to introduce my fingers



into the vagina and give assistance in that way, but found the vagina puckered into a mass of folds and ending in a cul-de-sac. The Doctor then introduced his little finger into the urethra and soon astounded me with the announcement that there was a pessary in the bladder. I verified the statement with my own index finger. By pressing downwards the point of my finger came in contact with the inner surface of the ring pessary, which was incrustated and rough from deposits from the urine. By a lateral movement of my finger, the pessary was made to rotate completely around. We were not prepared for such a discovery, and had the patient admitted to the hospital, intending to devise some plan to remove this body from the bladder. Very early the next morning, however, the woman left the hospital, saying she had no time for an operation and must go to work. We have never heard anything of her since. The pessary, which this woman thought she had lost, had evidently produced ulceration and closure of the vagina, and afterwards by ulceration and absorption, through pressure, found its way into the bladder.

DR. W. G. PORTER related a case of

#### ENLARGED THYROID GLAND; TRACHEOTOMY; DEATH.

Julian N., a Russian, sixty-three years of age, applied for admission to the Presbyterian Hospital, June 13, 1881, with an enlargement of the thyroid gland, which was giving him considerable trouble, and gave the following history: His family history was good, and he had been perfectly well until three years previous to admission, at which time he had noticed a small tumor on the right side of his neck, over the thyroid gland. This had steadily increased in size, and latterly he had suffered from headache, dizziness, noises in the ears, slight difficulty in swallowing, and occasional difficulty in breathing. These symptoms had increased with the enlargement of the tumor, and, obtaining no relief in the Dispensary, he was admitted to the Hospital on the above date, under the care of my colleague, Dr. Allis. On examination, the thyroid gland was found enlarged, and presenting the usual appearance of a goitre. The enlargement occupied the median line and right side of the neck, and had evidently encroached on and displaced the trachea to the left. He now complained of great pain in his head, entire loss of appetite, great prostration, difficulty in swallowing, and constant difficulty in breathing. He was put to bed, and put on a tonic course of treatment, with a most generous diet, on which he rapidly improved, and, refusing all operative treatment, left the hospital July 7, thirty-seven days after admission, greatly relieved.

On September the 16th, he was again admitted, under my care. His condition was very much worse. He was very weak and anæmic; his pulse was rapid, feeble and intermittent; his respiration was very much accelerated, noisy, and difficult; he had great difficulty in swallowing, and his voice was reduced to a whisper. He also had a very troublesome cough, and expectorated great quantities of a muco-purulent matter, which was very fetid. Over the most prominent part of the tumor the skin had sloughed, leaving an irregular ulcer, larger than a silver dollar, the odor from which was almost unbearable. His lungs were carefully examined, but no disease in them could be detected. From the peculiar sound of the respiration, together with the constant expectoration of purulent matter, and the absence of evidence of lung disease, we were led to believe that an abnormal opening existed in the trachea, as the result of the pressure of the enlarged gland.

He stated that his present condition had rapidly developed after the introduction of a needle into the tumor by a surgeon whom he had consulted.

He was again placed on stimulants and tonics, and in a few days began to improve. His pulse became stronger and less rapid, with no intermittence. Expectoration and cough diminished, but the difficulty in breathing and swallowing remained about the same.

On September 21st, five days after his second admission to the hospital, just as I entered the ward, he was suddenly seized with a paroxysm of dyspnoea; he was terribly livid, struggling for breath, and by word and gesture implored us to do something for him. Dr. Allis was present, and we at once decided to open his trachea, in hopes of giving him at least temporary relief.

As the usual position of the incision for opening the trachea was covered by a slough, I determined to make the opening at the side. An incision was at once made along the inner border of the sterno-mastoid muscle, and after a rather deep dissection with knife and director, the trachea was reached and opened. A quantity of blood, mucus, and pus was removed by sponges, and immediately the dyspnoea was relieved. His pulse now rapidly failed, but after the hypodermic administration of whiskey and ammonia, he rallied, and soon felt very comfortable. The depth of the wound was so great that an ordinary tracheotomy-tube was of no use. I therefore cut out a portion of the trachea, and left the wound temporarily open by an ingenious contrivance of bent wire, suggested by Dr. Allis. The patient died, exhausted, three days subsequently, without any return of his suffocative symptoms.

The autopsy showed that an opening existed between the trachea and the sloughing portion of the goitre. The enlargement had mainly involved the right lobe and isthmus of the gland, and the incision which I had made into the trachea for his relief had passed directly through the left lobe of the gland, although the bleeding during the operation was as slight as I have ever seen it in tracheotomy.

#### THE PATHOLOGICAL SOCIETY OF PHILADELPHIA.

*Stated Meeting, Thursday Evening, May 24, 1883.*

THE PRESIDENT, JAMES TYSON, M.D., IN THE CHAIR.

DR. J. H. MUSSEY presented specimens from a case of  
SCIRRHOUS CARCINOMA OF THE RECTUM.

At the autopsy, made thirty-six hours after death by Dr. W. E. Hughes, rigor mortis was well marked, the body greatly emaciated, the skin of an yellow-earth color, and on the right buttock near the gluteal fold the ragged grayish openings of several sinuses, which, we subsequently proved, communicated with a sac behind the rectum. This sac opened into the rectum which at that point was greatly dilated. At the bottom of the dilated pouch in the posterior wall, towards the anus and two and one-half inches therefrom was a hard mass. This mass was the size of a silver dollar, involved two-thirds of the wall, but did not cause occlusion of the gut. The surface was ulcerated. The bowel towards the cæcum was dilated, the mucous membrane congested, and the muscular coat hypertrophied. The remainder of the intestine was normal, and the glands of the mesentery were only slightly enlarged. The liver weighed four and one-half pounds, was very fatty, and in the left lobe a secondary mass larger than a walnut was found. The apex of the left lung was the seat of a small area of catarrhal pneumonia; the base was bound down by rather recent adhesions. Further than this the tissues presented no other change than that due to wasting disease. Micro-

scopical examination revealed the two nodules to be of the nature of a hard cancer.

The patient, a female, thirty-seven years old, had always been a dyspeptic, and of a constipated habit. Her mother and one sister had died of cancer of the stomach, her maternal uncle of the same disease of the liver. I attended Mrs. B., from October 11, 1881, to February 7, 1882. She died in May of the latter year. From the 5th of August previous to my first visit she had been suffering from so-called dysentery—twenty to thirty bloody and mucous stools with tormina and tenesmus. She had grown very feeble and lost much flesh. My notes state abdomen flat, tender all over, especially in the fossæ, but no tumor noticeable. Dysenteric diarrhœa continued, and I may say these discharges kept up during my attendance, at times better and again worse. The mucus was always present; the blood, at times none, again slight or again in large amounts. The appetite was poor and her dyspepsia bad. The debility and emaciation progressed and the appetite became less. In November I detected a hard tumor with apparently a raw surface, two and one-half inches from the anus. During December, she complained of pains in the legs and of severe cramps at night. In January she began to complain of pain in the right hip posteriorly. Local and internal remedies scarcely relieved it and finally the post-rectal abscess discharged. Death from exhaustion ended the career of horrible suffering. I would remark that in all probability the obstinate constipation predisposed to the location of the disease. The constant irritation of the hardened feces would tend to the deposition of the cancerous growth in this locality in a person predisposed to that disease. I have not seen constipation noted as a factor in the etiology of rectal carcinoma, but I think such a view plausible, and that we may infer the practical point—soluble bowels in the cancerous inclined.

Dr. J. H. MUSSER presented specimens from a case of

#### SARCOMA OF THE BLADDER.

I am indebted to my friend Dr. Samuel R. Skillern, for whom I made the autopsy, for the privilege of exhibiting this very interesting specimen. At the time of the examination the skin of the body was of the characteristic cachectic hue, the rigor mortis was marked, the emaciation considerable, though not striking, for on section there was a fair amount of fat in the abdominal walls and in the omentum, while the muscles were comparatively large. The abdominal cavity alone was examined. The peritoneum was healthy, the stomach and intestines of a normal appearance. Neither the mesenteric nor any other lymphatic glands were affected. The liver was slightly enlarged and fatty; the spleen normal. The genito-urinary tract was removed intact, the kidneys being severed from their attachments with difficulty on account of being surrounded by fat. Beginning with the kidneys, the left was about half the natural size with thickened adherent capsule. The pelvis was very greatly dilated, the secreting portion reduced to one-third the natural size. The medullary portion was mostly atrophied, the cortical was thin, hard, and pale. The right kidney was larger by one-third than normal, was also cirrhotic, and although its pelvis was dilated, the secreting portion was not atrophied very much. The ureters were very much dilated; averaging the size of the index finger. The bladder was in its normal position, and on opening the calibre was found lessened by one-half, the walls much hypertrophied. At the base of the bladder, in the trigone vesicale, a flat tumor was detected. It measured two inches transversely, and one antero-posteriorly. The base of the tumor was smaller than the upper surface. This surface was irregular, at some places

ulcerated, at others covered with phosphatic concretions. The orifices of the ureters were found by hydrostatic means, to open into the tumor, and, hence, were somewhat occluded. The urethral canal was not encroached upon. To the left of the large tumor, were two small secondary masses. Microscopical examination of the kidneys and the tumor: in the former, interstitial and tubular nephritis was found. The tumor was of the histological appearance of a sarcoma. The sections are under the microscope for examination.

The person from whom these specimens were removed, had been a successful minister in charge of a large congregation. He had always been a great mental worker. At the time of his death, he was fifty years old. During his life, his habits were most exemplary. His previous health was good; in his family history no evidence of hereditary disease could be traced.

For the clinical history I am indebted to the various medical gentlemen that attended him.

Prof. Agnew was consulted more than two years prior to death on account of vesical irritation. Six months thereafter he passed blood by the urethra. Careful examination at this time and before, both by the urethra and rectum, failed to detect any tumor or calculus. In a short time the cachectic hue became evident, and with all, the Professor suspected malignant disease. The hemorrhages became more profuse and occurred more frequently. Prof. Tyson was then consulted. He very kindly allows me to extract the following from his notes:

DR. TYSON said that Mr. S. first came under his observation May 27, 1880, being then forty-seven years old. He stated that he had been annoyed by frequent micturition for about five years, which gradually increased, until at that time he had to rise two or three times each night, but thought it was more frequent during the day than at night. At first he was completely relieved of this symptom during his vacation, which he spent in the woods, and was still much better at such times. He thought Poland water gave him relief, and he felt compelled to use it constantly. There was at this time a burning sensation at the neck of the bladder. The urine contained at this date one-twelfth its bulk of albumen, enough blood corpuscles to give it a "smoke hue," but no casts. On June 22 he again reported, Professor Agnew in the mean time having passed a sound, and detected a slight stricture, which he thought accounted for the symptoms. The patient was instructed to pass a sound for himself, and he thought it gave him great relief, not only diminishing greatly the desire to pass water, but also relieving the sensation at the neck of the bladder.

Dr. Tyson did not see him again until Oct. 30, 1881, when he reported that during the previous year he had been using the bougie at one time as often as five or six times a week, but more frequently every three or four days. He had been very well during this time, gaining ten pounds in his summer vacation, and at that time not urinating more frequently than any one else, although he kept up the use of Poland waters, of which he was using eight tumblers a day for five weeks while at the spring, and when at home five a day. He now mentioned that during the summer he felt an occasional soreness in the region of the bladder when stooping, and noticed also occasional chalky deposits in his urine. At the time of this visit his urine was acid, sp. gr. 1014, and contained one-fifth its bulk of albumen, but no tube-casts. No note of blood was then made.

On Nov. 7th, his urine contained a sediment equal to about  $\frac{1}{10}$  to  $\frac{1}{12}$  its bulk, which was composed mainly of blood corpuscles. There were a few leucocytes. He continued to visit Dr. Tyson until March 28, 1882.

During much of this time he reported himself improved, there being much less frequent micturition at times, while the uncomfortable sensations at the neck of the bladder were less. The Poland water was discontinued and ordinary drinking-water substituted, with about the same effect in relieving the symptoms. During most of this time he took oil of eucalyptus in doses of from six to ten drops three times a day, we thought at the time with good effect, but the same changes occurred when he was taking nothing. His urine was always albuminous, sometimes containing blood appreciable to the naked eye; once or twice he passed a small clot of blood from the bladder, and on Jan. 7, 1882, a large clot which he compared to a small leech. Two or three times he brought chalky concretions, evidently phosphates, which he had passed. He always thought the bougie relieved him. He was always worse after a hard day's work, as on Monday, after preaching a couple of times Sunday. Benzoic acid and ergot were used with about the same effect. The oil of eucalyptus apparently gave temporary but no permanent advantage.

On March 28th, he reported for the last time, and said that since his previous visit, seven weeks before, he had been very ill, with what seemed to be an attack of great prostration, in which the urine was little altered, except that there was increased phosphatic sediment. More recently, however, there seemed to be always, except for short intervals, more or less blood in the urine. At no time during his appearance did he present a cachectic appearance, nor any other symptoms except those mentioned of intermittent hemorrhage from the bladder and symptoms of vesical irritation, and had not suspected malignant disease of the bladder while he was under his observation, but thought rather there might be a hemorrhoidal condition of the prostatic plexus of vessels.

During the summer and fall of 1882 the general health of S., failed very much while the vesical irritation was quite pronounced. When under Prof. Agnew's care he began to use a sound, and at this time used it daily for its soothing effect. Along with the slight vesical tenesmus he suffered from a little pain at the head of the penis from the very first. During this time and in the winter the hemorrhages continued. The blood was discharged before the urine; sometimes a considerable amount of pure blood, fluid or in clots. The bloody discharges occurred with every urination, or days would pass by with clear discharges.

DR. SKILLERN attended S., from January 9, 1883, until his death in March 13th. From his notes in addition to the above I glean the following facts: The occasion of the first visit to the patient was due to a fit which he had, and the nature of which was not clear, although it was probably a syncopal attack from blood loss. He suddenly became unconscious, and when seen had a pallid face, cold, clammy extremities, a feeble pulse and shallow inspirations. There had been no convulsion, although slight convulsive movements were noticeable. Hypodermic injections of amyl nitrite soon aroused him, although he dozed for an hour afterwards; there is no evidence to prove that this seizure was uræmic. At this time his general condition was very bad. During January it is noted that he used the catheter frequently, on account of a slight difficulty in starting the flow of urine, and that in using it a grating sensation was felt by him; that the paroxysmal hemorrhages continued; that the constant feeling of discomfort at the neck of the bladder and the dysuria grew worse. Micturition occurred every two hours. In addition to the above, in February he had morning nausea and vomiting—generally losing his early meal—becoming more frequent later in the month. The loss of flesh and strength became very evident, as did

the cachectic appearance. Two weeks prior to death he began to complain of renal pain; the twenty-four hours prior the pain were agonizing. He died of exhaustion. It may be noted that the urine was never suppressed, nor was there ever marked vesical pain. Dr. Formad expressed the opinion, from an examination of the urine several weeks before death, that malignant disease of the bladder was present, confirming the opinion of the other gentlemen. His opinion was based on the character of the epithelium in the deposit, being of the appearance of the deep layers of the bladder mucous membrane.

Dr. Agnew kindly informs me, without referring to his notes, that he distinctly recalls four cases of sarcoma of the bladder, all in males, and in all, bloody urine was an early and constantly recurring symptom, amounting in one of the cases to very profuse hemorrhages. Pain in one or both hips was also an early symptom. The patients were all over forty years of age.

This interesting note calls attention to the chief facts of these cases, and an especially noteworthy one—the age of the patient. As is well known, sarcoma in other situations generally occurs in early life, this in later life. Then an examination of the relation of the mouth of urethra to the flat tumor, will show how readily a sound could have passed over the tumor, while the base of the bladder being filled, the sound could not engage the mass. The enlarged prostate, was no doubt, deceptive, obscuring the vesical mass when rectal touch was made.

DR. F. P. HENRY exhibited a specimen of

INTRATHORACIC ANEURISM MARKEDLY SACCULATED, AND INVOLVING THE ARCH AND DESCENDING PORTION OF THE AORTA AS FAR DOWNWARD AS THE LOWER BORDER OF THE SIXTH RIB.

The following notes were taken by Dr. Howard Kelly, the then resident physician, soon after the patient's admission to the Episcopal Hospital:

*Dec. 7, 1882.*—There is a "distinctly elevated area about two inches in diameter to the left of manubrium, occupying the first and second intercostal spaces and projecting the cartilage of the second rib. This is also the seat of greatest dulness and of strong bruit and expansile movement. Murmurs heard at apex, ensiform cartilage, and second right costal cartilage. Aortic sounds weak and muffled. Pulse in right radial and axillary, strong. In left radial and axillary weak and distinctly delayed. Brachials at elbow visible, sinuous, and atheromatous. Faint bruit in left axillary; none in right. Strong bruit in left carotid; faint in right. Same relation between subclavian arteries. Faint bruit in abdominal aorta. Left pupil always smaller than right."

Under the use of large doses of potassium iodide, there was a decided subsidence of the external tumor; also of the pulsation and bruit. The most troublesome symptom, dyspnoea, was not however materially benefited.

Death occurred on May 13th, through rupture into the right bronchus, and was immediate.

The removal of the aneurism was rendered difficult by the adhesions to neighboring tissues, especially to the sternum and ribs in front. The fifth and sixth dorsal vertebræ were deeply eroded and at the site of these erosions, the aneurismal wall was entirely gone, its place being supplied by two masses of fibrine accurately fitting into the erosions, but unconnected organically with the sac; they merely acted as plugs. The heart was in an advanced state of fatty degeneration and slightly enlarged. The aortic valves were perfectly healthy, but immediately above them were



marked atheromatous changes. The opening into the right bronchus was about the size of a three-cent piece.

## NEWS ITEMS.

**THE CHOLERA EPIDEMIC IN EGYPT.**—The mortality from cholera continues to be large, and the epidemic shows no signs of abatement. The reported mortality for the week ending July 30th, in the principal towns was as follows:

Cairo (7 days), . . .	2495	Damietta (2 days), . .	16
Gizeh (5 days), . . .	281	Menzaleh (1 day), . .	3
Chibin (2 days), . . .	347	Ismailia (2 days), . .	9
Tanta (5 days), . . .	148	Zagazig (2 days), . .	23
Ziffe (4 days), . . .	73	Alexandria (3 days), .	14
Samanhud (1 day), . .	7	Mehalla (4 days), . .	181
Mahalet (2 days), . .	99	Rosetta (2 days), . .	18
Mansura (3 days), . .	37		

At Cairo the disease is markedly abating. On July 24th the mortality was 558, and on the 30th it had decreased to 275. The mortality on the intermediate days was respectively 422, 311, 277, 322, and 330. At Chibin it decreased from 113 on the 24th to 81 on the 28th; and at Ghizeh from 95 on the 24th to 51 on the 28th.

Most of the large towns in lower Egypt have been attacked, as will be seen by reference to our map.

Lord Hartington, Secretary of War, stated, on July 26th, in the House of Commons that there had been fourteen cases of cholera among the British troops in Egypt, eleven of which proved fatal.

Under date of July 31st, the commander of the British forces at Cairo telegraphs that the general health of the troops is good. He says that the cholera is less virulent in Cairo, and that the cases under treatment are more hopeful.

Forty members of the army hospital corps have been ordered to Egypt.

The government is considering a project for the partial burning of other dangerous quarters of Cairo like Bulak.

An analysis has been made of the water of the Nile, which shows that it is infected with putrid matter to a point above the cataracts.

**THE CHOLERA SYMPTOMS.**—DR. MACKIE, Consular Physician at Alexandria, forwarded, on July 19th, by telegraph to the *British Medical Journal* (July 21, 1883) the following interesting details concerning the cholera cases:

At Mansura, the early symptoms of cholera are generally simple diarrhoea, some vomiting, with coldness and blueness of the hands, and cramps, variable in character; the abdominal walls are relaxed, and there is suppression of urine. In some severe cases, the temperature was found to be as low as 96.5° Fahr. during the collapse, rising to 102° an hour after death. The shortest illness proves generally fatal in from nine to twelve hours.

The Medical Commission despatched to Damietta report that the symptoms there manifest themselves in coldness and blueness of the extremities, the skin being cold and wrinkled, the facies choleraica well marked. Aphonia is also present, with pulselessness, vomiting, and diarrhoea, with white, watery dejections, sometimes accompanied with mucus. Cramps occur, and the eyes soon become sunken, the pupils dilated, and a blue circle appears around the orbits; the tongue feels cold; there is suppression of urine, and frequent spasmodic contraction of the fingers; sometimes re-

traction of the belly, and sometimes meteorism. The temperature is lowered. Symptoms often commence suddenly, with headache and fainting; and premonitory diarrhoea is only occasionally noted. The necropsy showed the large intestine to be empty and contracted, feeling like a cord; the small intestines were congested, and filled with whitish liquid, slightly colored by extravasated blood, but no change was found in the glands. The follicles of the stomach were distended with a watery fluid. The bladder was empty; the liver and spleen slightly congested; the kidneys normal; the lungs congested, and the cavities of the heart filled with dark blood. The gall-bladder was distended, the brain congested. The ventricles of the brain contained a quantity of serum, and there was an arborescent appearance of the meninges.

**CHOLERA IN ASIA MINOR.**—Two cases of cholera are reported at the Lazaretto at Smyrna, one of which has proved fatal.

**CHOLERA IN RUSSIA.**—The correspondent of *The London Times* at St. Petersburg says: One or two cases of cholera have been reported in Russia in the last few days. A Charkoff paper reports several cases of what it calls cholérine. Great efforts are being made to purify St. Petersburg. The clergy have held a special service of intercession for the preservation of Russia from the disease.

The report that cholera has appeared at Rostok is officially denied.

**CHOLERA IN ENGLAND.**—SIR CHARLES DILKE, President of the Local Government Board, said in the House of Commons on July 27th, that in the last fortnight there had been three suspicious cases of sickness in England which were declared to be cholera, but it had been ascertained that they were what is known as simple cholera. There is no Asiatic cholera, he said, in England or in Europe. The deaths from simple cholera in England this year, he stated, had not reached the ordinary average; last week the number was only half of the usual average.

Mr. Cross, Under-Secretary for India, stated that 1161 deaths from cholera occurred in the Bombay Presidency during the first week of June.

Lord Carlingford, President of the Council, stated in the House of Lords on the same day that the Government had no intention to enforce quarantine against shipping arriving at English ports, as it was thought impossible to establish an absolute quarantine system. He said medical inspection would be adopted instead.

Isolated cases of supposed cholera have been reported in Wales and in the London docks. The authorities say they know nothing of any death from cholera in the London docks. The officers of the Local Government Board do not believe that isolated cases imply an outbreak of Asiatic cholera. Several deaths occur in London weekly at this season of the year which are classified as cholera, but which are difficult to distinguish from aggravated diarrhoea. There have been several hundred cases of the latter disease weekly this summer, which is in excess of the average.

The Liverpool Town Council having called the attention of the Privy Council to the danger to public health arising from large cargoes of rags received there from Egypt, the Privy Council sent a reply, in which they declined to interfere in the matter. The particular cargo cited in the Town Council's communication as a cargo of Egyptian rags was not intended to be landed at Liverpool, but to be conveyed to New York or Boston. The Town Council decided to apply for power to deal with rag cargoes.

Precautions have been taken at Glasgow to prevent the introduction of cholera.

**CHOLERA AT RIO.**—The National Board of Health has been informed that during the week ending July 26, there were twenty-four deaths from cholera at Rio de Janeiro.

**ACTION OF THE FRENCH GOVERNMENT.**—The Chamber of Deputies has promptly granted a credit of 50,000 francs asked for by the Government, to pay the expenses of the Pasteur Commission, which is to be sent to Egypt to investigate the cholera epidemic.

The following proposition has been submitted to the Municipal Council of Paris: "That the Préfet of the Seine make the necessary provisions for constructing crematory furnaces in each of the three large cemeteries of Paris, to be utilized in case of an epidemic of cholera."

**PRECAUTIONS AGAINST CHOLERA IN AMERICA.**—The inspection at British ports ordered by the American Consulate so far has shown no case of cholera or contagious disease on vessels sailing from Great Britain for the United States.

The following telegram has been sent to the Collector of Customs at Boston by the Secretary of the Treasury:

Because of the expiration by limitation of the Act of June 2, 1879 (Chap. 11, 21 Stat.), I conceive that Chapter 66, Act of April 29, 1878, is again in force and the regulations by circular dated March 3, 1879, (Dept. No. 34), are again promulgated. A telegram from Liverpool informs me that the steamer Bavarian sailed on Wednesday for Boston, having one hundred and fifty-five bales of Egyptian rags in her cargo. You will enforce the law and regulations against her from the mildest to the severest, as occasion shall demand, reporting from time to time by telegram or letter as you shall find it necessary to proceed from one degree to another of severity.

The Act of June 2, 1879, was intended as a protective measure against the plague, then prevalent in Russia, and the regulations ordered to be promulgated, read as follows:

Until further orders, no vessel from any port of the Black Sea or the Sea of Azof, conveying any rags, furs, skins, hair, feathers, boxed or baled clothing, or bedding, or any similar articles liable to convey infection, nor any vessel from any port of the Mediterranean or Red Seas, having on board such articles coming from Southern Russia, shall enter any port of the United States until such articles shall have been removed from the vessel to open lighters or to some isolated locality and the vessel disinfected and thoroughly ventilated; and the suspected articles shall be disinfected either by chemical agents and exposure to free currents of air or by burning, as shall be determined in each case by the Surgeon-General of the Marine-Hospital Service.

The certificate of the State or Municipal Quarantine Officer of Health may be accepted as satisfactory evidence of compliance with these regulations on the part of the vessel.

The Board of Health of Boston is taking every precaution against the landing there of infected rags and paper stock from the cholera districts. The steamer City of Boston arrived July 27th from Liverpool. On being boarded by the Custom House officers there were found one hundred and fifteen bales of rags, which are now being transferred to quarantine. The steamer Missouri, of the Warren line, arrived the following morning from Liverpool, and it was found that she

had over one hundred and fifty bales on board. They were shipped to quarantine. The leading importers of rags in Boston have agreed not to import rags from places in which they might be likely to become infected.

Surgeon-General Hamilton, of the Marine Service, has written to W. H. Pearsall, of Hartford, in regard to a complaint of the rags on a vessel lying at Belle Dock, New Haven, in which he says that, as the vessel has entered the port, it is under the jurisdiction of the Local Health Officer. Dr. Hamilton says that in 1879, when the plague was prevailing in Asia Minor, measures were taken by the Treasury Department to prohibit the introduction of rags until after their fumigation and disinfection. It was then claimed by the paper manufacturers that the rags when carried to the mill were thrown into vats of chloride of lime and there disinfected simultaneously with their unbaling. As it is impossible to fumigate rags while in bale, nothing more was done with them than to give them plenty of air at the time of their removal to lighters. Dr. Hamilton concludes: "If the statement of the paper manufacturers is correct there would appear to be little danger if immediately removed to the mill."

The following notice has been sent to the consignees of vessels and importers by Dr. Smith, Health Officer of the Port of New York:

In view of the fact that cholera is prevailing as an epidemic in Egypt, and at points in the direct line of commercial intercourse with the port of New York, and that rags, one of the most common of the carriers of the germs of infectious and contagious diseases, are brought in considerable quantity to this port from Alexandria, Cairo, and ports on the Mediterranean east of these ports, notice is hereby given that before such cargo is allowed to pass the New York Quarantine, satisfactory evidence must be given that they have been washed and rebaled at ports this side of the infected localities, and where there is no suspicion that the disease prevails. It is believed that this article of commerce is frequently shipped from the ports referred to to European ports, where competition in freights is so considerable as to make it profitable to reship to this port. Consignees or owners of such cargo will be required to furnish satisfactory evidence that rags reshipped from such ports have been cleansed, disinfected, and rebaled at the port of transshipment.

#### CHOLERA PRECAUTIONS TAKEN BY THE GOVERNMENTS OF EUROPE.

**ENGLAND.**—Steamers coming from India via Suez, will not be regarded as suspicious if they have not stopped at suspected ports; the same will hold regarding vessels from Alexandria, in view of the length of the voyage, if no case has appeared on board. The medical officer of health will, as soon as possible, after a suspected ship has been certified to be infected with cholera, examine all persons on board of the same; and all persons who shall not be certified by him, shall be permitted to land immediately on their giving their names and the places of their destination.

**FRANCE.**—The Minister of Commerce has ordered vigorous measures to be taken against the introduction of cholera into French ports. Vessels coming into French ports from Malta, Cyprus, the Suez Canal, and other places near the infected district, will be considered as dangerous. If only suspected, they will be quarantined for seven days. If infected they will be quarantined for ten days, and a thorough system of disinfection carried out. The local authorities are vested with power to carry out these and whatever other measures they may think necessary.

**SPAIN.**—The Board of Health of Gibraltar has prescribed a quarantine of twenty-one days for vessels coming from the Suez Canal since June 28. One million pesetas (about \$200,000) have been appropriated for the necessary precautions against cholera.

**GERMANY.**—Vessels coming from Turkey, Asia Minor, Syria, the northern coast of Africa east of Algiers, the Red Sea, and the western coast of Africa as far north as the Straits of Gibraltar arriving in German ports, will be submitted to special surveillance, if they have come from a port where the existence of the plague, cholera, or non-sporadic yellow fever is suspected, or which, during their voyage, have had any communication with the above-named ports. Suspected vessels will be quarantined for six days.

**ITALY.**—The Minister of the Interior has prescribed the following quarantine rules: Ten days for a ship which has made a voyage of more than ten days without any cholera occurring on board; fifteen days for ships having made a shorter journey under the same conditions; twenty days for a ship of which there is any suspicion of the presence of cholera. These measures are applicable to ships coming from Egypt, Tripoli, Malta, Cyprus, and ports situated on the Suez Canal. Importation of rags and old clothes from any of the above places is prohibited. Ships coming from the Austro-Illyrian and Dalmatian ports are quarantined for five days.

**BELGIUM.**—Five days' quarantine for ships coming from India.

**DENMARK.**—All ships coming from Egypt will be quarantined.

**RUSSIA.**—The same precautions against the importation of cholera have been taken, as in other European countries. Russian subjects of the Mahomedan religion will not be allowed to go on a pilgrimage to Mecca.

**BULGARIA.**—Turkish merchandise will be quarantined. A sanitary cordon has been placed on the frontiers of Eastern Roumelia and Macedonia.

**THE HISTORY OF THE CHOLERA EPIDEMIC.**—DR. J. MACKIE, the Consular Physician at Alexandria, has forwarded to the British Government a report concerning the rise and progress of the epidemic, which appears in the *British Medical Journal*, July 21, 1883, and from which we abstract the following. He says:

I regret that, up to the present, I have been unable to obtain precise information with regard to the outbreak of cholera at Damietta, as no attempt at inquiry has as yet been made to endeavor to arrive at a knowledge of its origin or cause. The existence of "suspected cholera" at Damietta was first made known in Alexandria on Saturday, June 23d, with eleven cases for that day; and I believe the first intelligence was conveyed by telegram from private individuals at Damietta.

The suddenness of the outbreak seems to have paralyzed the Egyptian authorities. Their first act was to establish a *cordon sanitaire* to prevent all egress, leaving the unfortunate population of Damietta to die without help, or succor, or chance of escape. For days after the disease broke out, telegrams were received daily, complaining of the total want of doctors, medicines, and disinfectants, etc. In a town of which the population is stated at 35,000, there seems to have been no organized medical or hospital service, no help of any sort for rich or poor—they were shut in by a cordon and left at the mercy of the disease, to die in numbers and propagate cholera. It never occurred to the authorities to endeavor, by an energetic measure, to save the people and stamp out the disease by driving the inhabitants from the infected part of the town, and camping them out in some healthy place, supplied

with good food and water; this they are now doing to some extent.

Until a proper inquiry is made into the origin of the outbreak, whether local or imported, any opinion on this point at present must be more or less speculative.

It is a matter of experience that outbreaks of zymotic diseases generally are favored by conditions which certainly have existed in Egypt for some time. Whether these conditions or causes contained the necessary germ or material for the production of cholera, research may or may not with certainty establish.

For some time past, cattle-disease (bovine typhus) has been raging epidemically in the delta of the Nile. It has been matter of current report, and I may say general belief for some time, that many diseased cattle were slaughtered by the fellahs, and sold in the bazaars of the villages for food. To save the expense and trouble of burying those that died, it was, and is, a common practice to remove the skins, and pitch the carcasses into the Nile or the nearest canal. The Damietta branch of the Nile, especially in its lower part, from Samanhud and Mansura, seems to have been particularly favored in this respect, for the local European press had been receiving for some time information from correspondents at those places that carcasses of animals were constantly floating down the Nile, exhaling a most offensive odor.

The inhabitants, in addition to breathing this poisoned atmosphere, take their water-supply direct from the Nile, which, in addition, is about at its lowest at this season. It is also subject of report and belief here that the natives have been known to drag the carcasses from the river and use them as food. I make this statement with reserve, for although I have heard it repeatedly stated, I am loath to believe it. The heat at the outbreak of the disease, and for some time previously, had been excessive and oppressive, with damp atmosphere.

The uncleanness of the town of Damietta, like every Egyptian town, is reported to be abominable, and the inhabitants particularly uncleanly in their persons, their food, and their habits.

At the time of the outbreak of the disease, a large fair, at which it is estimated that 10,000 people were collected, was being held at Damietta. The medical commission, before establishing the *cordon sanitaire*, ordered the people collected at the fair to be dispersed. Such are some of the local causes which would be supposed to favor the development of zymotic disease.

Those who hold that the disease can only have originated by importation, pretend that it has been imported from Bombay, and a report has gained a little credence that two Bombay merchants just arrived in Egypt were at Damietta Fair, and that they brought the germs of the disease either by their person or merchandise. I have not been able to trace these two Bombay merchants, or find out if they showed any symptoms of cholera.

Those that hold that the disease has been imported, give as a reason for this opinion, that cholera has never originated spontaneously in Egypt, and that a short time before the outbreak in Egypt cholera had assumed a more severe form in Bombay. The precise manner or means by which it has been imported, has not been stated, except the report, believed by some, of the two Bombay merchants, and others of a similar character; such as, for instance, a fireman ran away from an Indian steamer at Port Said, and made straight for Damietta. Those who believe in importation by these means, forget or are ignorant of the fact that at the time that the two merchants of Bombay must have arrived in Egypt, there was a long quarantine at Egyptian ports in the Red Sea against India, which these gentlemen must have undergone before setting



foot in Egypt. There remains for them their own argument, that cholera-germs may have been conveyed by their merchandise, that they may have been lying dormant in the merchandise for an indefinite period, and escaped destruction by the quarantine disinfection.

This, were it likely to be possible, would prove more than anything else the uselessness of quarantine. They forget also, or do not mention, that when our Indian contingent arrived in Egypt last summer cholera was prevailing in Bombay, and no case happened among the troops or camp-followers, nor was imported by the mass of clothes, merchandise, and material of all sorts, which such an equipment must have brought with it. It is further brought forward as argument, that as the precise nature of cholera-germ, or infection, is not known, that some peculiar conditions may be necessary for its development, and that this year, though not last, the necessary conditions existed, and the imported germ gave rise to cholera. Here we come to a combination of an imported and local origin; but, without proofs, which we at present do not possess, I cannot believe that, with a rigorous quarantine, even if a quarantine were necessary against India, it can have been imported to Damietta.

The reason seems very strong in favor of a local origin. When I compare what information we have of this outbreak, with my recollections of the severe epidemics of Asiatic cholera which visited Egypt in 1865, I am inclined to believe that it has had its origin in local causes, and will not spread to any alarming extent. The ten thousand people who were dispersed from Damietta Fair do not seem to have had cholera amongst them, or to have carried cholera with them throughout the length and breadth of Egypt, as they certainly would have done in 1865. At the time of their dispersion the deaths from cholera were already about forty daily, and the type of the disease virulent, recoveries rare, and death occurring in very many cases after from four to ten hours' illness. The disease has now been prevailing for sixteen days, according to our information, and, with the exception of a few cases in Port Said and Tanta, and two of suspected cholera in Alexandria, has been limited to the small district from Damietta to Samanhud.

Another reason for believing that some local cause was at work, is that, at the outbreak of the disease, the daily mortality from general diseases also increased very much. The ordinary mortality of Damietta from general diseases, which is four daily according to sanitary returns, amounted up to fourteen or fifteen daily, as the deaths from cholera reached their daily maximum, and had been increasing for days before cholera was announced as suspected; and now the daily mortality from cholera and general diseases have both considerably diminished, the latter being reduced to about the ordinary rate.

The sanitary arrangements of the country are as bad as they were in 1865; it is but little changed in that respect. In some of the larger towns, Alexandria, Cairo, etc., magnificent blocks of buildings have been erected, streets paved, etc.; but unfortunately, all has been done with the most perfect disregard of the first principles of sanitary science; and Alexandria at present, with its vile system of sewers, house-drains, and house sanitary arrangements, seems constructed expressly to propagate and engender zymotic diseases. Many of the sewers have not been cleaned since they were constructed, and they are so constructed that it is next to impossible to clean them. None of the closets, drains, or sewers are either trapped or ventilated, and the town is full of stinking cesspools. The Europeans and Levantines, especially Syrian house proprietors, surpass the natives even, in the construction of

unhealthy houses. An energetic effort to cleanse the town is being made by a combined Consular, Medical, and Mercantile Extraordinary Sanitary Commission, composed of forty-four members, Europeans and natives, under the presidency of the Governor of Alexandria.

This will do some good work in cleansing bazaars, public places, and the exterior of the town; but the house-closets untrapped, communicating with filthy sewers, unventilated, leaking soil-pipes, or rather holes down the centres of walls serving for soil-pipes and allowing extensive leakage, open latrines for servants in the very centre of the kitchens, will still remain to convey infection from family to family, from house to house; and if cholera visits us, it is bound to spread, in spite of all that the Extraordinary Sanitary Commission can do.

The Egyptian Government is, as usual, receiving its share of praise and blame for measures taken or neglected, to stop this epidemic. Many Europeans, medical men and others, who blame them for not stopping the epidemic, praise loudly the institution of the *cordón sanitaire*. Give them a *cordón sanitaire* or quarantine, and they are given a feeling of safety. I believe that the *cordón sanitaire* was the worst means that could have been adopted, I mean as they imposed it. The *cordón* gave a feeling of safety to outsiders, and the inhabitants within were left to die neglected to propagate cholera, while the authorities had a day or two to reflect and make their preparations for the next step. Had they evacuated at once the infected part of the town, and placed a *cordón* to prevent the return of the inhabitants to it, as well as their communication with other villages, I think it might have been stamped out.

**YELLOW FEVER AT BALTIMORE.**—The British steamship California, from Vera Cruz, arrived off Quarantine at Baltimore on July 27 with four cases of yellow fever on board, and there had been three deaths from the disease during the voyage. The vessel, officers, crew, and cargo were at once isolated at quarantine.

**QUARANTINE AT THE CAPES.**—A death from yellow fever occurred on the British steamship Andean, in quarantine at Craney Island, Va. Surgeon-General Hamilton, on being informed of this, ordered the sick to be transferred to the Hospital Barge Selden, at Willoughby's Cove opposite the Rip Raps, where the steamer was also ordered to anchor. All persons having had any communication with the vessel were directed to be isolated for ten days, and their clothing fumigated.

The Surgeon-General advised the removal of the infected vessel from Craney Island, because from personal inspection he has become satisfied that it is too near to Norfolk for the safety of that city (being distant about two miles), and experience shows that previous outbreaks of yellow fever at Norfolk have always proceeded from Craney Island, when that point was used for quarantine purposes.

The Secretary of the Treasury telegraphed to the Collector of Customs, at Baltimore: Instruct revenue steamer Ewing to stop foreign vessels from entering the Capes. If any sickness on board, require them to anchor near Ocean View until boarded by a health officer.

Upon the announcement of the location of the hospital barge at Willoughby's Cove, the Norfolk and Portsmouth Cotton Exchange, and the Merchants and Manufacturers' Exchange held meetings and passed resolutions petitioning the Secretary of the Treasury and the Surgeon-General to remove the hospital barge to Lynn Haven Bay, just outside of Cape Henry, and

also to order into quarantine at that point all infected vessels that may enter Hampton Roads.

In view of the conflicting statements relative to the best location for the hospital barge Selden, the Secretary of the Treasury invited the health authorities at Newport News, Baltimore, Norfolk, and Richmond to meet Surgeon-General Hamilton, of the Marine-Hospital Service, at Fortress Monroe, to confer with him on the subject.

The Sanitary Commission met at Old Point on July 28, and established the national quarantine for all approaches on Chesapeake Bay and tributaries at Fisherman's Island, on the eastern shore of Virginia, near Cape Charles. The relief barge Selden was at once towed to that point, and all arrangements made for any emergencies which may arise. The English steamship California, from Vera Cruz, for Baltimore, was ordered at once to the newly established quarantine.

The Board recommends that the barge Selden be relieved as early as practicable by one of the vessels in ordinary now at the Navy Yard, as the barge is not practically seaworthy, and had she been established at Lynn Haven Bay, would have been lost the first gale with probably all on board.

Surgeon-General Hamilton has ordered Surgeon Henry Smith to take charge of the National Quarantine at the Capes.

**NEW ORLEANS IN A HEALTHY CONDITION.**—President Jones, of the New Orleans Board of Health, telegraphed to Surgeon-General Hamilton, on July 26th, that up to date there has not been even a suspicious case of fever in New Orleans this year, and that the city is in a healthy condition.

Two men, on July 29, escaped in a boat from a vessel undergoing quarantine at the Ship Island Quarantine Station, and made their way to Pass Christian. When the fact became known to President Jones, of the Louisiana Board of Health, he ordered the arrest of the men. They were taken into custody, and turned over to the United States authorities, charged with stealing the boat.

**A CASE OF YELLOW FEVER AT PHILADELPHIA.**—A seaman on the brig Julia Blake died of yellow fever on July 25th, at the Lazaretto Station, to which place he had been removed from the vessel. The brig, which was bound from Havana for Philadelphia, loaded with bones in bags, is detained at quarantine, and will be thoroughly fumigated and the cargo removed before being permitted to pass up the river. She will probably be detained at the station for three weeks.

**YELLOW FEVER AT HAVANA.**—There were forty-eight deaths from yellow fever in Havana last week. Surgeon-General Hamilton, on July 30th, received a cable dispatch from Havana stating that the City of Merida, from Vera Cruz to New York, left eleven cases of yellow fever at that port. The steamer was disinfecting on Saturday.

**QUARANTINE POWER OF THE GOVERNMENT.**—The Secretary of the Treasury has been somewhat puzzled as to what to do in view of the approach of infectious diseases by sea. By chapter 66 of the Laws of 1878, the entry of vessels from infected ports was forbidden or restrained, and the Surgeon-General of the Marine-Hospital Service was empowered, under the direction of the Secretary, to make regulations therefor. At that time, the Russian plague was imminent. Regulations were made which directed quarantine isolation of infectious freight, disinfection, ventilation, and even burning thereof if necessary. By an Act in 1879, chapter 11, the National Board of Health was substituted

for the Surgeon-General of the Marine-Hospital Service, and the Act of 1878, so far as it gave power to that officer, was repealed. But the Act of 1879, by its own terms, was limited in existence to four years, which term expired in June of this year.

The query in the Secretary's mind was, Did the expiration of the Act of 1879 revive the Act of 1878? The general rule of common law is that the repeal of a repealing act revives the act which the repealing act repealed. The question then arose as to whether the expiration of a repealing act by its own limitation does not do the same. It was suggested by Lord Ellenborough, in the case of Warren against Windle that it does not. In 6 Wharton, page 294, Chief Justice Gibson, of Pennsylvania, criticised that decision, and declared that it does. Judge Hopkinson (Crabbe's Reports) charged a jury that it does not. Bishop, in "Written Laws," page 187, relying on the case in Crabbe, writes that it does not. Hardcastle writes that it depends upon the legislative intention, and cites the cases of Warren against Windle and Rex against Rogers.

In this confusion of the law, Secretary Folger says he has concluded that Congress could not have meant that the beneficial provisions of the Acts of 1878 and 1879, which are almost the same, except in the designation of the officers to execute them, should lapse entirely. He holds that the repeal of the Act of 1878 by the Act of 1879 was but a limited repeal, and that the expiration of the Act of 1879 by its own terms has revived the Act of 1878. He has, therefore, determined that the Surgeon-General of the Marine-Hospital Service may again issue the regulations in question, and that customs officers shall be instructed to carry them out with due discretion and caution in the use of the measure of severity.

**SMALLPOX IN NEW ORLEANS.**—Smallpox appears still to linger in New Orleans. The mortality from it, for the week ending July 21, was twenty-three.

**PARKMAN PROFESSORSHIP OF ANATOMY IN THE HARVARD MEDICAL SCHOOL.**—DR. THOMAS DWIGHT has been appointed to the chair of anatomy, the duties of which he has discharged during the past winter on account of the resignation of Dr. Oliver Wendell Holmes. He brings to the position a ripe experience both as a student and teacher of anatomy.

**THE LOUISVILLE MEDICAL NEWS.**—We regret to note the retirement from the editorial management of our Louisville contemporary of Dr. L. S. McMurtry, whose able and scholarly contributions to its editorial columns have largely contributed to the excellent reputation which it has enjoyed.

Dr. L. P. Vandell has associated with himself Dr. H. A. Cottell in the editorial management.

**THE LEHIGH VALLEY MEDICAL ASSOCIATION.**—The third annual meeting of this Society will be held at Easton, Pa., on Wednesday, August 15th, under the Presidency of Dr. Traill Green.

**AN ETHICAL SYMPOSIUM.**—Messrs. G. P. Putnam's Sons announce a series of papers, from the New-code stand-point, upon Medical Ethics and Etiquette, by Drs. Alfred C. Post, S. Oakley Vanderpoel, William S. Ely, Lewis S. Pilcher, Thomas Hun, William C. Wey, D. B. St. John Roosa, Abraham Jacobi, and Cornelius R. Agnew.

**DR. D. W. YANDELL** was a member of the Committee of Citizens which escorted the President from Washington to Louisville to attend the opening of the Exposition.

**THE BRITISH MEDICAL ASSOCIATION.**—The annual meeting of this Association was held at Liverpool this week, beginning on Tuesday, under the Presidency of Dr. Waters, of Liverpool.

DR. AUSTIN FLINT will read a paper, in the Section of Medicine, on "Early Tapping in Cases of Ascites."

**NEW BRUNSWICK MEDICAL SOCIETY.**—The third annual meeting of the New Brunswick Medical Society was held in St. John, on Tuesday, July 19th. The following officers were elected for the ensuing year: *President*, E. A. Vail, M.D.; *First Vice-President*, Thomas Walker, M.D.; *Second Vice-President*, E. M. Patterson, M.D.; *Secretary*, G. M. Duncan, M.D.; *Corresponding Secretary*, W. F. Coleman, M.D.; *Treasurer*, Frank A. Nevers, M.D. The next meeting will be held in St. John, on the third Tuesday in July.

**PROF. VIRCHOW'S RESIGNATION.**—PROF. RUDOLPH VIRCHOW has resigned from the Association of German Physicians. This step was taken on account of the Association having publicly censured him for writing a note of thanks to an apothecary, Brandt, who sent him a box of pilulæ helveticæ (the formula of which is published) during a recent sickness. This note stated that the pills had been beneficial to Prof. Virchow, and Brandt, without his knowledge, published it as a testimonial. Prof. Virchow thinks that the censure was unmerited, and he denies that he gave a testimonial at any time for these or any other pills.

**HEALTH OF THE QUEEN.**—Many exaggerated accounts have been circulated as to the health of Queen Victoria. The *Lancet* states that there is nothing in Her Majesty's condition to justify the slightest alarm or anxiety.

**A CORNER IN OPIUM.**—There is quite a stiff speculative movement in opium in the New York market, on the assumption that the cholera in the East must seriously interfere with the gathering of the crop. There was every prospect that the crop itself would be an abundant one, but the reasoning now is that the pestilence will not leave hands enough to gather it in or to make the necessary preparation for the succeeding crop. As a result of this talk, prices, within the few days past, have been forced up to \$3.75 @ \$4.00, duty paid, or about fifty cents a pound advance. As yet, however, the speculators have not succeeded in impressing buyers with their views to any considerable extent, and should the pestilence speedily subside they may find themselves in as dubious a position as other speculators who tried to corner the market in former years, on a short crop theory, and that proved to be based upon a miscalculation.

**HEALTH IN MICHIGAN.**—Reports to the State Board of Health, for the week ending July 21, 1883, indicate that cholera infantum, intermittent fever, cerebro-spinal meningitis, and cholera morbus have increased, and that consumption, rheumatism, typho-malarial fever, and influenza have decreased in area of prevalence.

Including reports by regular observers and by others, diphtheria was reported present, during the week ending July 21, and since, at twenty places, scarlet fever at twelve places, and measles at twenty-three places.

## NOTES AND QUERIES.

### AN AUTHOR WANTED.

To the Editor of THE MEDICAL NEWS.

SIR: Would you be kind enough to give the following verses, Latin and English, an insertion under "Notes and Queries," in

the hope that some of your subscribers may inform us who is the author of the Latin?

They are to be found quoted by Drs. John Ring and Benjamin Waterhouse in their respective sketches of the life of Edward Jenner, in honor of the discoverer of vaccination. (See Ring, *Treat. on Cow Pox*, part ii., Lond., 1803, p. 915, and where Ring cites it as given in the treatise of Dr. De Carro on vaccination, also in appendix to Waterhouse on Kine Pock, part ii., Cambridge, 1801.)

"Te mater omnis, te lachrymabilis  
Accurret uxor, ne caducum,  
Orba virum, puerosque ploret;  
Seu confluentes forte timet notas  
Decora virgo—tu faciem eripis  
Periclitantem, protegesque,  
Delicias juvenum futuras."

"To thee shall weeping wives and mothers fly,  
Or see their husbands and their children die:  
To thee the virgin trust her lovely face,  
Or some rude blemish rifle every grace.  
Oh! hard the perils that around her wait,  
Oh! shield her beauties from impending fate,  
Nor let a cruel pestilence destroy  
The hope of youth and pledge of future joy."

J. R. Q.

BALTIMORE, July 23, 1883.

### THE USE OF THE LIBRARY OF THE SURGEON-GENERAL'S OFFICE.

To the Editor of THE MEDICAL NEWS.

SIR: I have heard and read so much concerning the Library of the Surgeon-General's Office that I hope you will pardon the liberty I take in inquiring of you if the library is available to physicians throughout the country; and if books are loaned outside of Washington, I will deem it a great favor if you will inform me how I should make application for their loan.

Yours, very truly,  
\*\*\*, M.D.

ALBERT LEA, MINN., July 20, 1883.

In answer to the above, we have received the following note from the Librarian of the Surgeon-General's Office:

LIBRARY OF THE SURGEON-GENERAL'S OFFICE,  
U. S. ARMY,  
WASHINGTON, D. C., July 25, 1883.

To the Editor of THE MEDICAL NEWS.

SIR: In reply to your inquiries, I am directed by the Surgeon-General to state that books are loaned from this library to other libraries which undertake to be responsible for them, and have suitable buildings for their safe preservation.

Books which can be readily replaced, if lost, are also loaned to individuals upon their making a deposit, with the Librarian, of funds sufficient to make good any damage or loss. Books must be transmitted, each way, by express, and not by mail, and the cost of this expressage must be paid by the borrower. The funds deposited with the Librarian are, of course, returned when the books are received back in good condition.

Very respectfully, your obedient servant,

JOHN S. BILLINGS,  
Surgeon U. S. Army, Librarian  
Surgeon-General's Office.

### OFFICIAL LIST OF CHANGES OF OFFICERS SERVING IN THE MEDICAL DEPARTMENT, U. S. ARMY, FROM JULY 23 TO JULY 30, 1883.

SUTHERLAND, CHARLES, *Colonel and Surgeon, Medical Director, Military Division of the Pacific and Department of California.*—The leave of absence granted by S. O. 64, Headquarters Military Division of the Pacific, June 30, 1883, is extended two months.—S. O. 168, A. G. O., July 23, 1883.

BAILY, JOSEPH, *Major and Surgeon.*—Assigned to duty as Post Surgeon at Fort Concho, Texas.—S. O. 87, Headquarters Department of Texas, July 19, 1883.

TURRIL, H. S., *Major and Assistant Surgeon.*—Granted leave of absence for one month, to commence September 1, 1883.—S. O. 77, Department of the Platte, July 26, 1883.

APPEL, A. H., *First Lieutenant and Assistant Surgeon.*—Granted leave of absence for two months, with permission to apply for an extension of one month.—S. O. 30, Headquarters Military Division of the Atlantic, July 20, 1883.